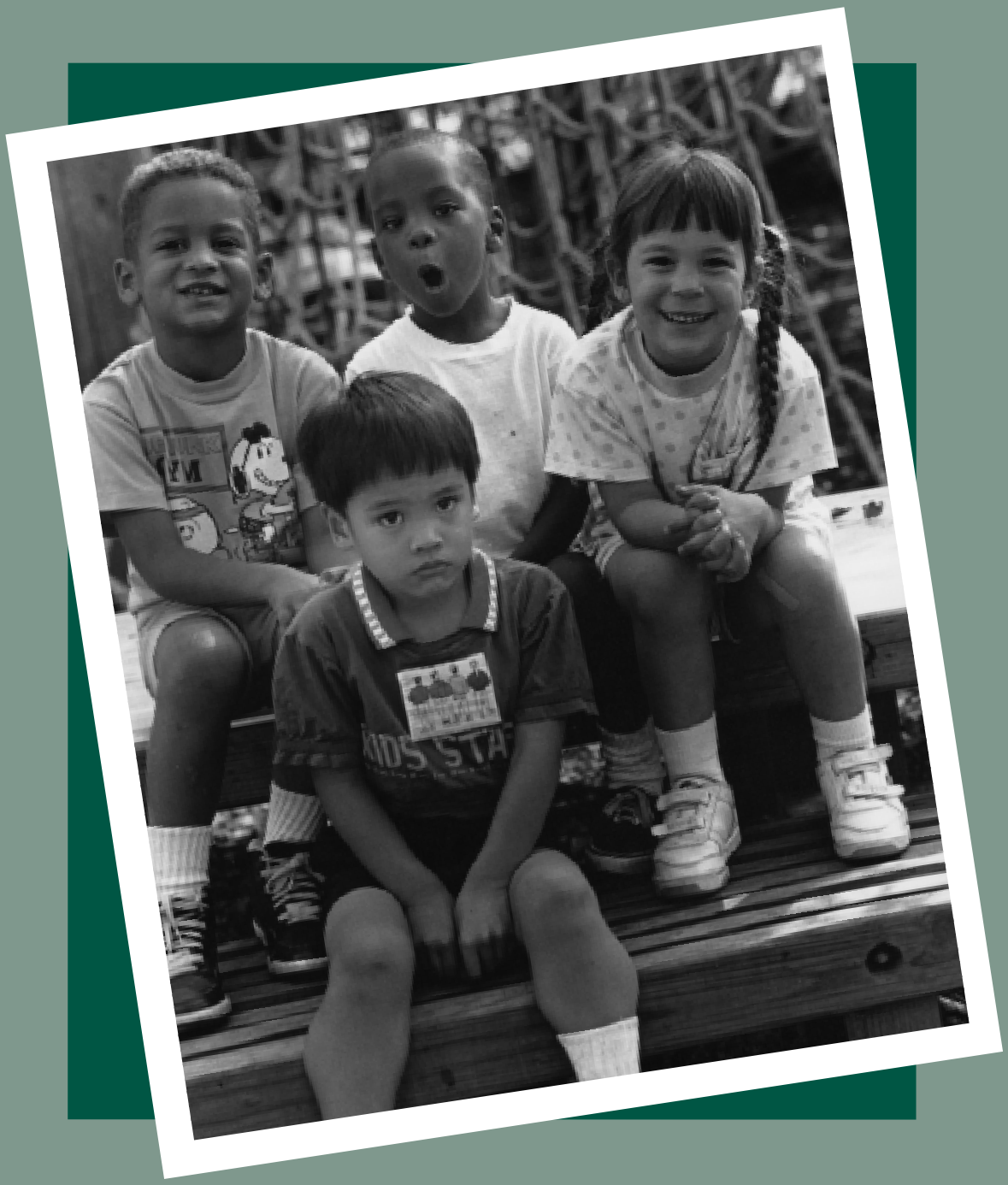
Department of Social Services



Strategic Plan 2002

Letter From The Director

MEL CARNAHAN
GOVERNOR
GARY J. STANGLER
DIRECTOR

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Fellow Missourians:

As we begin a new century, it is appropriate to reflect on how far we have come and where we will go. I am proud of our achievements and the lasting, positive effect they have on the families we serve. Some of the most significant ones are:

The expansion of health insurance coverage for children. We have now enrolled nearly 87,000 kids and continue to grow. This perhaps will stand as the most important milestone of this administration. The data proves that the availability of health insurance translates to healthy children.

The Early Childhood Care and Education expansion will stand along side our health insurance expansion as the twin pillars of achievements for children in this administration. The dedication of gaming boat fees for children age birth to three will better them for school and the life ahead of them.

Missouri Welfare Reform Initiative – Beyond Welfare – that was enacted two years prior to the federal law. We cut caseloads in half and thousands of families are now productive members of the labor force and better equipped to provide for their children.

Missouri Care Options underwent tremendous growth over these past several years and because of this our senior citizens can receive necessary services that allow them to remain in their own homes. Through the delivery of meals, in-home services, and health care support, thousands of seniors can now maintain their independence.

Caring Communities and the Community Partnerships such as the Local Investment Commission (LINC) in Kansas City have become national/international models. Model efforts are being replicated for community collaboration and public/private leadership in the area of human resources in Israel and the Netherlands, and are under development in Ireland, the United Kingdom, and Norway as well.

The list could go on, but these are the achievements that will stand the test of time.

For the Fiscal Year 2002, we will again base our strategic budget process around five critical areas: health, early childhood development, self-sufficiency, safe children, and senior adults and persons with disabilities. We take pride in our past accomplishments and are dedicated to achieving positive results for the families we serve.

Sincerely,

Gary J. Stangler
Director

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Vision, Mission & Missouri Shared Values

Vision

The Department of Social Services, united with communities and state agencies, envisions a time when Missourians achieve optimum well-being through fostering self-sufficiency, independence, health and safety.

Mission

To maintain or improve the quality of life for people in the state of Missouri by providing the best possible services to the public, with respect, responsiveness and accountability which will enable individuals and families to better fulfill their potential.

Missouri Shared Vision

Missouri will be a statewide community, in which state government encourages and supports the pursuit of dreams, security, justice, and opportunity, while working to protect individual rights and freedoms.

Missouri state government shall work with its proud citizens to offer the best quality of life, including:

- health, safety, and needed support;
- world-class schools that lead to good jobs;
- good homes in vibrant towns and neighborhoods;
- a vigorous economy;
- a productive and respected natural environment; and
- the opportunity to succeed.

Missouri state government will be more accountable to Missouri citizens, putting people before bureaucracy. We will rely on integrity, effectiveness, and common sense to exceed the public's expectations of responsiveness and excellence, and provide value and dividends for every dollar invested. The measure of success will be results for our customers.

Missouri state government, partnership with private citizens, will move forward with confidence and hope, staking out a successful and secure future.

Values

The Department of Social Services in pursuit of its vision and mission, is guided by the following values:

Self-Sufficiency

We value programs that help people help themselves and expect parents to be financially responsible for their children.

Child Well Being

We value programs that support families as the foundation of society and recognize them as the first resource for emotional and financial support leading to safety, health and well being of their children.

Independence or Elderly And Persons With Disabilities

We value programs that provide the most appropriate care in the least restrictive setting and recognize individuals have an active role in decision making concerning their lives.

Collaboration

We value community partnerships with leaders from the business, civic, faith and neighborhood levels, who together work to ensure self-sufficiency, independence, safety, health and well being of Missouri's residents.

Respect

We respect the dignity of the individuals we serve and recognize the diversity among ourselves and others striving for an environment free of bias and prejudice.

Quality

We are committed to excellence in providing services to our clients. We will strive to enhance our skills and continually work to improve the organization.

Staff

We are committed to our employees, fostering personal and professional development, innovation and teamwork. We recognize the fragility of our environment and work to ensure that it is both safe and secure.

Accountability

We have responsibility to provide quality services in the most efficient and effective manner. We are also responsible for these services to meet the expected outcomes. We will do this through evaluating, measuring and reporting progress.

Show Me Results

In 1994, Governor Carnahan established the Missouri Commission on Management and Productivity to conduct a major review of state government and to recommend improvements. Among the Commission's recommendations was one that the Governor, key staff and agency directors be responsible for developing state goals. This commendation inspired the Show Me Results. The results shape state departments' efforts to improve the quality of life for Missourians since 1997.

Prosperous Missourians

Thriving firms, farms, families and communities

1. Increased number of new jobs created paying greater then $10/hour.
2. Increased number of dollars of new investments in Missouri firms and farms.
3. Increased productivity of Missouri firms and farms.
4. Decreased percentage of Missourians obtaining public income support.
5. Increased percentage of Missourians with health insurance.
6. Increased access to high quality child care for working families.
7. Increased percentage of Missourians with incomes above 100% of the poverty level.
8. Decreased number of communities with a high concentration of poverty.

Educated Missourians

Children ready to learn, successful students, and workers with high skills.

9. Increased percentage of children entering school ready to learn.
10. Increased percentage of students who achieve targeted skill levels at various points before graduation.
11. Increased percentage of 18 year olds with a high school diploma or GED.
12. Increased percentage of individuals ages 25 to 65 completing 14 years of education.

Healthy Missourians

Healthy babies, decreased impact of disease, and clean air and drinking water

13. Increased percentage of pregnancies that result in healthy babies.
14. Decreased rate of infant mortality.
15. Decreased pregnancy rate of females under age 18.
16. Decreased impact of infectious and chronic diseases.
17. Improved air and drinking water quality in Missouri.

Safe Missourians

Protection against crime, family violence, and alcohol and drug-related injuries

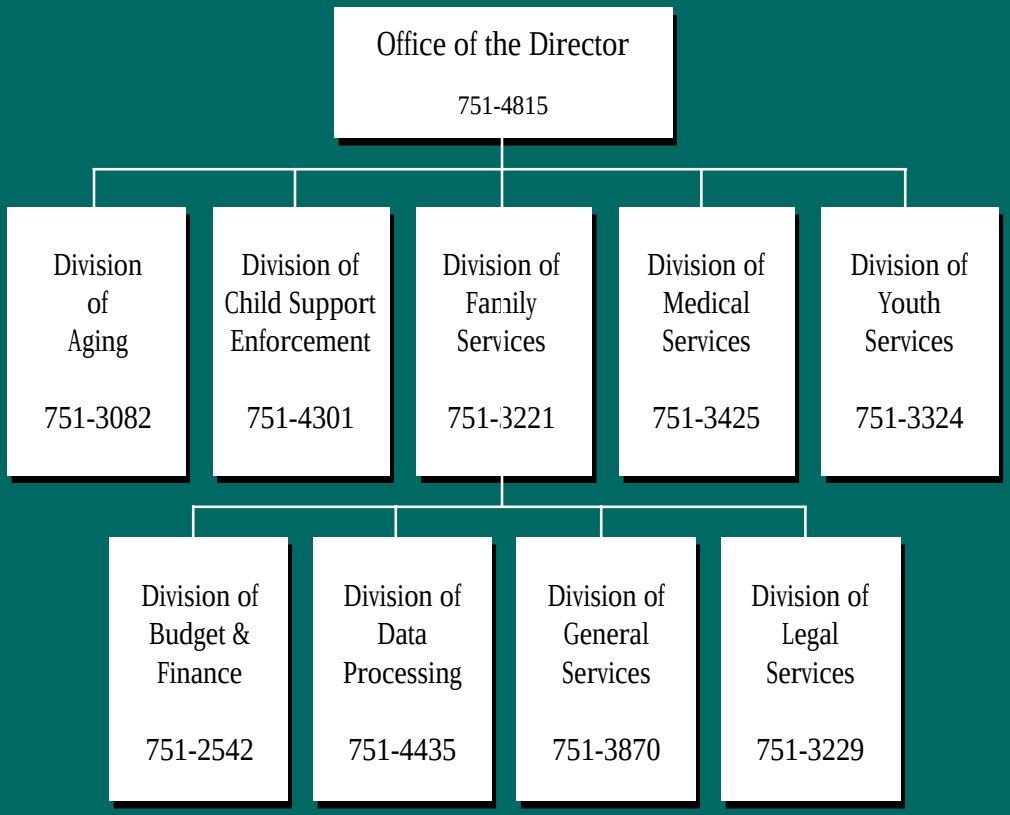
18. Decreased rates of crimes against persons.
19. Decreased rates of crimes against property.
20. Decreased incidence of family violence.
21. Decreased rate of alcohol and drug-related deaths.

Responsible Government

Sound management and stewardship of the state's resources

22. Decreased ratio of state government operating expenditures to Missouri Personal Income.
23. Improved protection of public's investment in state-owned capital assets (roads, bridges and buildings.)
24. Increased representation of minorities and women in upper level salary ranges in state government and purchasing.
25. Improved protection of Missouri's land and water resources.

Department of Social Services Organizational Structure



Strategic Plan Overview

Goal
Improve the Health of Children, Adults, and Families

Issue
The physical and mental health of Missourians depends on the identification of personal health risks, development of healthy lifestyles, and effective use of detection and treatment services. The ability to access and utilize quality health care and nutrition are essential for good health and independence.

Show Me Results
- Increased percentage of Missourians with health insurance.
- Increased percentage of pregnancies that result in healthy babies.
- Decreased rate of infant mortality.
- Decreased impact of infectious and chronic diseases.

Goal
Children Entering School Ready to Succeed

Issue
Quality early childhood education and care is critical to prepare children to enter school ready to succeed. Success in school is a cornerstone for success in life.

Show Me Results
- Increased percentage of children entering school ready to learn.
- Increased percentage of students who achieve targeted skill levels at various points before graduation.
- Increased access to high quality child care for working families.

Goal
Achieve Self Sufficiency

Issue
Overcoming barriers is crucial to Missourians' self reliance.

Show Me Results
- Decreased percentage of Missourians obtaining public income support.
- Increase percentage of Missourians with income above 100% of poverty level.
- Decreased number of communities with high concentration of poverty.
- Increased access to high quality child care for working families.
- Increased percentage of 18 year olds with a high school diploma or GED.

Goal
Safe and Law Abiding Children

Issue

Missouri's children and youth need a safe, stable and secure environment.

Show Me Results

- Decreased incidence of family violence.
- Decreased rate of infant mortality.
- Decreased rate of crimes against persons.
- Decreased rate of crimes against property.

Goal
Health, Safety and Independence for Older Adults and Persons with Disabilities

Issue

Older adults and persons with disabilities need a safe and secure environment. Quality health care, nutrition and other needed services are essential for maintaining health and independence.

Show Me Results

- Decreased rate of crimes against persons.
- Decreased rate of crimes against property.
- Decreased incidence of family violence.
- Decreased impact of infectious and chronic diseases.

Goal
Efficiency and Effectiveness of the Department

Issue

Providing operational efficiency and effectiveness is an integral part of providing quality and timely services to our clients.

Show Me Results

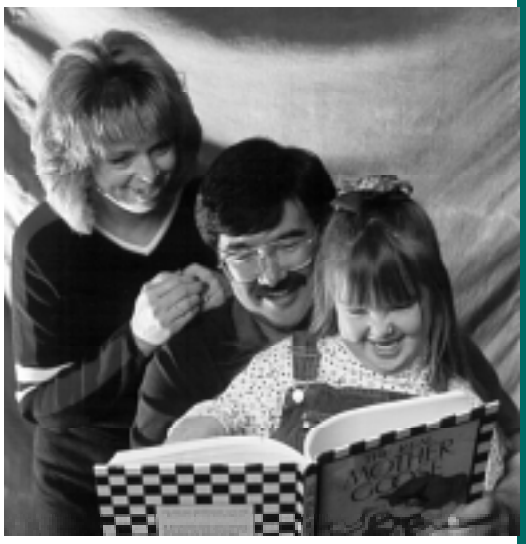
- Decreased ratio of state government operating expenditures to Missouri personal income.
- Increased representation of minorities and women in upper level salary ranges in state government and in state purchasing.

Improve the Health of Children, Adults & Families

Goal

Issue Statement

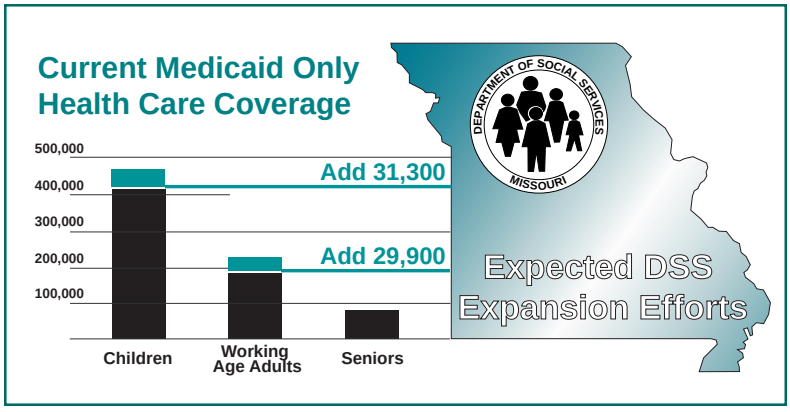
The physical and mental health of Missourians depends on the identification of personal health risks, development of healthy lifestyles and effective use of detection and treatment services. The ability to access and utilize quality healthcare and nutrition are essential for good health and independence.



It is essential for families, children and adults to be healthy in order to strive for self sufficiency and achieve in schools. In order to be healthy, there are several barriers that each need to overcome. The main barrier is to have access to affordable and quality insurance. Once this is achieved, the individual need to be able to utilize this for prenatal care, wellness checks, immunizations, and overall awareness and prevention of infectious and chronic diseases.

Health Insurance

Through several initiatives provided by the Department and in cooperation with other state agencies, Missouri has made progress in assisting its citizens in obtaining health insurance coverage and utilizing services to maintain healthy children and adults. While statistics illustrate that Missouri is performing better than the national average, we as a state must continue to address health care insurance availability, quality and cost, even while our economy is strong and growing.



Medicaid and MC+ are programs working toward healthy Missourians and toward reducing the number of uninsured people. Medicaid and MC+ currently provide health care coverage to 403,425 children, 186,839 working age adults, and 76,770 seniors. These eligibles include 35,900 children and 37,100 parents who were provided health care through the Medicaid expansion in fiscal year 1999. Through the Department's continued expansion efforts, we expect to provide health care coverage to an additional 31,300 children and 29,900 working age parents.

MC+ programs continue Missouri's commitment to improve medical care for its low-income children and families by increasing their access to comprehensive me dical services. MC+ programs for kids provides health care coverage for uninsured children under 19 years of age whose family income falls within certain guidelines. This program integrates the State's Children Health Insurance Program (Title XXI) into an expansion of Missouri's Medicaid for Children program.

Programs for pregnant women and newborns provide health care coverage, including sixty-day postpartum coverage, for pregnant women who have family incomes less than 185% of the federal poverty level for their household size. Once eligible, the coverage continues through the postpartum period despite subsequent increases in income Children born to a woman eligible for and receiving MC+ or Medicaid on the date of the infant's birth, continue to be eligible for MC+ coverage throughout the first year of life if they remain in the mother's home. As part of Missouri's Medicaid 1115 Waiver, uninsured women losing MC+ for pregnant women eligibility 60 days after the birth of their child remain eligible for health care coverage limited to women's health services for a maximum of two years.

The responsibility of providing adequate nutritious food and quality health care for a child belongs to both parents of a child, even if the parents are divorced, separated or have never married. An increasing number of children need medical support from both their non-custodial and custodial parents in order to have access to these necessities of life. The increasing number of single-parent households, the number of children living below the poverty level, and the changes in public assistance brought about by welfare reform have made the work done by the Division of Child Support Enforcement (DCSE) more important today than ever before. Often the child support received is the safety net that helps prevent families from slipping further into poverty. The legal establishment of parentage provides children with possible access to private medical insurance.

MC+ and Medicaid also provide coverage for parents who are currently employed. Missouri's Medicaid 1115 Waiver provides uninsured adults who successfully complete the twelve months of Transitional Medical Assistance two years of extended health insurance coverage if they continue employment, have gross income below 300% of the federal poverty level and have a MC+ eligible child in the home. Programs for custodial parents provides health care coverage for uninsured, working-age parents of children under 19 years of age who have net family income that does not exceed 100% of the federal poverty level. Programs for non-custodial parents provide health care coverage for uninsured, working-age non-custodial parents of children under 19 years of age who are current in their child support payments and have net family income that does not exceed 125% of the federal poverty level.

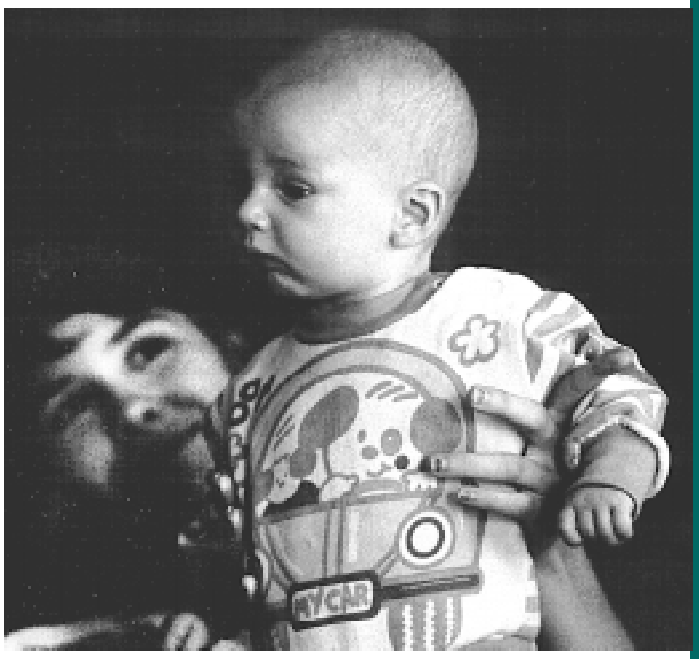
Missouri takes great pride in making sure their citizens are insured. However, making it available does not always insure that everyone who is eligible receives it or the services it provides. The Department of Social Services has taken great strides in marketing efforts with community outreaches in providing information about MC+ and Medicaid. Two great efforts are the work with the Community Partnerships through Caring Communities and the Division of Family Services Hospital Based Caseworkers. Without these personnel many low-income Missourians would not get essential health care treatment simply because they are either unaware or uninformed about potential benefits. The Department has and will continue to look to Caring Communities'

Partnerships to reach out to the communities to make medical insurance available to the expanded eligible population. Caring Communities is Missouri's systems reform initiative established by executive order of Governor Carnahan in 1993. The Department of Social Services as well as seven other state departments (Corrections, Economic Development, Elementary and Secondary Education, Labor and Industrial Relations, Health, Mental Health and Public Safety) now have formal agreements with twenty-one Community Partnerships from around the state to improve results in their communities.

MISSOURI CARING COMMUNITIES

The Division of Family Services has some 50 hospital-based caseworkers statewide. The caseworkers provide an invaluable service for Missourians taking in excess of 20,000 applications annually. Hospital based caseworkers play an important role in assisting low-income Missourians who are uninsured or under insured with access to quality affordable health care. Access to health care is expedited by having these staff available to meet potential consumers at a time when they have the greatest need – when a loved one is sick, injured, or is suffering from a chronic illness that requires hospital services. Staff supply information about available health care coverage from the state, and assist the individuals in making application for appropriate coverage (i.e., MC+ for Kids, Pregnant Women, Newborn Coverage, etc.) They may also take applications for other needed types of assistance (i.e., Food Stamps, Temporary Assistance, etc.) The outreach provided by these caseworkers is a crucial service. This front-end contact saves time, emotional strain for both the patient and their loved ones (worrying about how to pay for the cost of hospital and doctor bills).

Health Provisions



In today's society, it is essential for children to have access and receive health screenings, medical and dental examinations, immunizations, and all medically necessary treatment services. The purpose of the Early and PeriodicScreening Diagnosis Treatment/Healthy Children and Youth (EPSDT/HCY) program is to provide a comprehensive, preventive health care program for Medicaid eligible children who are under the age of 21 years. The children in the program receive early and periodic medical/dental screenings, diagnosis, and treatment to correct or improve defects and chronic conditions found during the screenings. These services promote continuity of care, enhances and diseases. If these medical problems are not detected at an early age, they could manifest into a more complicated problem that would require expensive medical treatment. Without treatment, these health problems will cause life long problems such as not being ready to learn, not able to communicate well enough to stay in mainstream school and job retention.

In Missouri, only 11.6% of African American and 17.8% of Caucasian women aged 40 and over in 1997 reported having had a mammogram. In addition, 77% of African American and 68.3% of Caucasian women aged 50 and over reported receiving a mammogram in the past two years. In spite of these positive screening trends and the overall decline in mortality since 1990, between 1980 and 1996 breast cancer mortality among African American women in Missouri increased 46.2% while the rate declined 4% among Caucasian women. The Department of Health, Department of Social Services and the Division of Family Services established an exciting collaborative partnership to implement outreach services for breast and cervical cancer screenings through the Breast and Cervical Cancer Control Project (BCCP). The purpose of the project is to 1) educate the public about breast and cervical cancer; 2) enroll eligible older Missouri women who are most vulnerable to those two diseases into screening services; and 3) train and employ welfare recipients in valuable work experiences to work as Outreach Workers. This project began with seven rural counties using welfare to work clients who were motivated to move toward self-sufficiency. Due to the success of these individuals, the program was expanded to an additional seven counties with future expansions in the works.

Adolescence is a period of rapid physical, nutritional and mental maturation. Youth committed into Missouri Division of Youth Services (DYS) custody receives comprehensive preventative and therapeutic healthcare for their physical and mental well being. DYS recognizes that the population of youth they serve are disenfranchised, have lead a high-risk lifestyle and have had significant barriers that hindered access to healthcare. While in the custody of DYS, through a collaborative interdisciplinary approach using HCY/EPSDT screening guidelines, youth receive medical, dental, mental health and dietetic services to promote wellness lifestyles. By increasing access to health educators, DYS is able to provide continuity and responsiveness to the unique needs of the youth while in custody.

Nutritional Values

Good nutrition has long been determined as one of the "key" ingredients necessary for leading a successful, healthy, productive life. It is critical that children develop and maintain good eating habits for not only their physical well being, but for their mental health as well. Children must be well nourished. They must understand the importance of taking care of their bodies to be able to grow into healthy, adjusted adults, as well as to be able to enjoy their youth. Lack of such nutrition education programs leaves this population of children more at risk of not having the opportunity to be able to develop fully compared to children residing in households where food is readily available and emphasis is already placed on the importance of proper nutrition. A new initiative involves collaboration between the Division of Family Services and the Missouri Department of Health in developing a Missouri Nutrition Network. One nutrition education campaign currently underway targets the needs of Food Stamp recipient households with young children. A goal of the network to have 14 statewide partners by September 1998 was achieved. The list of partners is anticipated to grow in FY 2002. Partners in the Missouri Nutrition Network include the Missouri Beef Council, Department of Elementary and Secondary Education, WIC Association of Missouri, Missouri School Food Services Association, and the Missouri Dietetic Association. The Nutrition Network provides a nutrition message targeted at low income families to various health and nutrition agencies. Without initiatives such as the Missouri Nutrition Network and efforts of the Division of the Family Services, low-income children, individuals, and families are at risk of suffering from nutritionally deficient diets, which over time impacts their health and well-being.

low-income children... are at risk of suffering from nutritionally deficient diets, which over time impacts their health and well-being

Outcomes/Objectives/ Strategies

Outcome: All Missourians have health insurance

Outcome Measures:

- percentage of Missourians with health insurance (Show Me Result)

Outcome: Healthy newborns, children and adults

Outcome Measures:

- percentage of pregnancies that result in healthy babies (Show Me Result)
- decreased rates of infectious and chronic diseases (Show Me Result)
- decreased rate of infant mortality (Show Me Result)

Objectives

1. To increase the number of eligible Missourians that are participating in Medicaid and MC+ from 82% (520,000 participating) in 1997 to 87% by FY 2002.
2. To increase the number of low-income children with health care coverage from 81.54% in 1998 (713,941) to 92% by FY 2002.
3. To increase the number of low-income adults with health care coverage from 78.40% in 1998 (1,415,071) to 81.8% by FY 2002.

Strategies for Objectives 1 through 3:

Work with the Missouri Hospital Association and other medical associations to identify low income Missourians without health care coverage by FY 2002.

Work with community groups, local medical providers, schools, etc., regarding access to MC+ by FY 2002.

Prepare and distribute information regarding MC+ eligibility to interested groups, facilities, and organizations who will help spread the information to reach the uninsured during FY 2002.

Work with the state Departments of Health, Mental Health and Insurance through the Show Me Results Sub-Cabinets to assist those Missourians without health insurance.

Work with the Department of Mental Health to develop, implement and maintain a structure of managed care that increases quality, access, availability, cost efficiency and consumer satisfaction for managed care behavioral health services.

Maintain health care coverage of youth in the physical custody of the Division of Youth Services.

Expand the hospital based paternity acknowledgement program to asist in educating and training appropriate hospital staff on the importance of paternity establishment for a child.

Continue to review the trends of the orders of medical support and enrollment of children on insurance for future policy needs.

4 To increase the rate of actively participating physicians (8,814 in 1999) to Medicaid and MC+ fee for service eligibles (403,654 in1999) by 5% by FY 2002.

5 To increase the rate of actively participating dentists (604 in 1999) to Medicaid and MC+ fee for service eligibles (403,654 in 1999) by 5% by FY 2002.

6 To increase the rate of hearing aid providers from 0.16 per 1000 Medicaid and MC+ fee for service eligibles in 1999 by 50% in FY 2002.

Strategies for Objectives 4 through 6:

Work with the Missouri Hospital Association and other medical associations to increase provider access and assist in marketing by FY 2002.

Convert provider manuals and bulletins into a standard electronic form. Provide Internet access to all manuals and inform Medicaid providers of the accessibility of this information by FY 2002.

Ensure timely implementation of the Health Insurance Portability and Accountability Act of 1996. The act contains a number of provisions devised to simplify the administration of the health care industry, thereby streamlining costs for the entire industry (e.g. standardized claim forms, standardized coding, universal identification numbers, etc.)

Request funding to increase rates to bring MC+ rates more in line with private pay rates.

7 To increase the proportion of MC+ pregnant women who receive adequate prenatal care from 77.5% in 1999 to 80% by FY 2002.

Strategies for Objectives 7:

Educate Temporary Medicaid Pregnancy eligibles and their providers about women's eligibility for MC+ during their pregnancy by FY 2002.

Expand managed care or develop appropriate managed care systems, such as Primary Care Case Management for the entire state by FY 2002.

8 Increase the percentage of Division of Youth Services' residential facilities utilizing the Healthy Children and Youth Screening Form from 58% in FY2001 to 80% in FY2002.

Strategies for Objectives 8:

Mandate use of the HCY guide through statewide policy adoption.

Provide administrative support through training information sharing and networking.

9 To increase the percentage of children under the age of 21 who receive appropriate health care screenings from 47% (141,208 in 1998) to 61% by FY 2002.

10 To decrease the rate of preventable hospitalizations for MC+ children from 12.5 hospitalizations per 1000 eligibles in 1999 to 10 per 1000 in FY 2002 (by 20%.)

11 To decrease the emergency room rate utilization by MC+ children from 615 per 1000 in 1999 to 553 per 1000 in FY 2002 (by 10%.)

12 To decrease the rate of asthma admissions for MC+ children from 6.9 admissions per 1000 eligibles in 1999 to 6.1 per 1000 eligibles in FY 2002 (by 11.6%.)

Strategies for Objectives 9 through 12:

Partner with managed care health plans to increase education to parents about the importance of health care screens and immunizations by FY 2002.

Partner with Department of Health to incorporate this information into the newborn packets by FY 2002.

Coordinate with the Department of Health by FY 2002 to ensure coordinated developmental screenings for children who by age two have not yet been screened by other agencies.

Provide preventive health care screenings to youth in physical custody of the Division of Youth Services.

Expand MC+ or develop appropriate managed care systems such as Primary Care Case Management for the entire state by FY 2002.

Maintain administration of prescribed medications for youth in the physical custody of the Division of Youth Services.

Increase the rate of youth in the physical custody of the Division of Youth Services custody who complete childhood immunizations including Hepatitis B.

Provide education to the Medicaid providers and recipients about the proper treatment regimen for asthma by FY 2002.

13 To increase the number of Food Stamp recipients participating in the Family Nutrition Program from 84,570 in FY1999 to 110,000 in FY 2002.

Strategies for Objective 13:

Increase the number of statewide agencies and organizations within Missouri actively participating as partners in the nutrition network (collaboration between public and private sectors to design and deliver coordinated, targeted nutrition education) from 22 to 25 by FY 2002.

Increase from nine to fifteen the community partnerships that are assessing and addressing nutrition issues that impact health by FY2002.

Develop marketing pilots in conjunction with Department of Health regarding good nutrition value through the Food Stamp program in FY 2002.

The Missouri Nutrition Network will launch a statewide media outreach effort to educate citizens regarding the role good nutrition plays in mental and physical well being during FY 2001.

Strategies for Objectives 1 through 13:

To continue participation in the Family Investment Trust and Caring Communities in cooperation with the state Departments of Elementary and Secondary Education, Health, Mental Health, Labor and Industrial Relations, Corrections, Public Safety, and Economic Development and local communities to accomplish three of the six Family Investment Trust core results: young children ready to enter school, children and families that are healthy, and children and youth succeeding in school.

The Department, the Division of Child Support Enforcement, and the Division of Family Services, through the Missouri Fatherhood Initiative, will work in cooperation with Caring Communities, established fathers' support programs and Community Partnerships, to accomplish the Missouri Fatherhood Initiative outcomes of increased father involvement with the early childhood education of children, which includes improving parenting skills and ensuring healthy children and youth.

Children Entering School Ready to Succeed

Goal

Issue Statement

Quality early childhood education and care is critical to prepare children to enter school ready to succeed. Success in school is a cornerstone for success in life.

Learning begins at birth. Early experiences can have either a positive or negative effect on children and their long-term development. Neuroscience findings show that a child's brain actually is being "connected" and "hard-wired" during the early years of life. It is therefore critical that public policies and practices help ensure that the "circuitry" is healthy and strong so those primary powers reach their optimum capacity. This is that period that seems to have the greatest effect on the development of a person's character and behavior. It is evident that the first five years of life have more to do with the shaping of the child, the teen, and the adult than all the remaining years combined.

In the absence of such policies and practices, many children, particularly those from low income or at risk families, are ill prepared to enter school thus reducing their chances of success in school and ultimately in life. Lack of appropriate polices and practices also place children at greater risk for developing behavioral problems that may ultimately lead to violence or encounters with the legal system, an inability to bond creating a lack of empathy and belonging, mild mental retardation, and other emotional/psychological problems that have potentially negative societal implications. The state of Missouri must establish provisions of quality early childhood care and education that promotes positive results for all its residents.

"...every child should be ready for the rigors of learning when he or she begins school."

Missouri citizens believe that every child is entitled to a fair chance at the onset of life and that every child should be ready for the rigors of learning when he or she begins school. The underlying principle is a sound one. Earlier is better. Earlier attention to children's needs and possibilities is better than later attempts to "fix" preventable problems and recapture lost opportunities.

Missouri has made steady progress in meeting children's needs over the past decade, but we must continue our efforts to extend parental education and health and nutrition services to more children and to ensure that all families have access to high-quality early childhood education and care services. Early childhood care and education has rarely been considered a central concern of schools, social services, and economic development agencies.

A Governor's commission was created on Early Childhood Care and Education by Executive Order on May 28, 1997. The commission defined quality early care and education programs as those educating and caring for young children from birth through age five, are safe, nurturing, and provide meaningful learning experiences with personnel who are knowledgeable in child development and early childhood education staff programs. Quality programs view children's parents as critical parents and workers. The outcomes of quality programs include enhanced child development and school success.

These outcomes depend upon having an infrastructure of support services. The availability of programs and direct services are essential but insufficient to assure quality early care and education. Quality programming depends upon an array of indirect services (i.e., an early care and education infrastructure that supports and sustains them.)

The commission's work was shaped by seven guiding principles. Included among them were:

- A parent's right to select the type of early care and education this is most appropriate for their family.
- Public support of early childhood care and education available to all families focused on promoting high quality learning opportunities.
- Elimination of inconsistencies between "childcare" and "early childcare".
- Policies and financing mechanisms for early childhood care and education that draw on public and private sector resources.

Six broad recommendations were made:

#1 SUPPORT CREATION OF A COHESIVE EARLY CARE AND EDUCATION SYSTEM

In the absence of a well-planned comprehensive system to make quality care and education programs available, the healthy development of children, families, and communities is compromised. Without this system, children are less prepared to succeed at school; parents are less attentive to their work; and Missouri is less able to attract and retain the skilled workers needed to compete successfully in an increasingly technological economy.

#2 SUPPORT EXPANSION OF LOCAL EARLY CARE AND EDUCATION INITIATIVES

Responsibility for oversight and administration of early childhood care and education is presently served among multiple state departments. Ensuring the efficient delivery of effective early care and education services across the state requires state departments to coordinate policies and funding in ways that are closely aligned with local programs and services. Services and support should maximize the use of existing community resources and promote the thoughtful use of best practices.

#3 SET HIGH STANDARDS FOR EARLY CHILDHOOD CARE AND EDUCATION

Research documents that healthy child development and learning depend upon nurturing and stimulating environments. Children's early experiences can be a decisive influence on how the brain develops. Neuroscientists have established that the way the brain develops during the first years of life has a significant impact on later learning and intellectual growth. Research has shown that only 15% of early care and education programs are of high quality. Public policy can use the tools of licensure, accreditation, incentive and consumer public education to procure excellent early care and education programs.

#4 PROMOTE TRAINING AND EDUCATION OF EARLY CARE AND EDUCATION PRACTITIONERS

The most important determinate of high quality early care and education is the qualifications of the staff and higher levels of post-secondary education that are specifically focused on the teaching and learning of young children. Parents and other relative caregivers benefit from increased skills in guiding children's behavior and promoting early learning. Staff in pre-kindergarten, childcare and Head Start programs should be able to work effectively with children, families, and community resources.

#5 ESTABLISH SCHOOL-LINKED PROGRAMS FOR 3 AND 4 YEAR OLDS

There is an increasing number of parents who remain at home- that enroll their children in preschool programs. Access to early care and education services also is key to helping families move from welfare dependency to self-sufficiency. Public schools are central to communities and can play a vital role in expanding and improving early care and education opportunities for children birth through age five that are responsive to community needs.

#6 ASSURE SUFFICIENT FUNDING AND CREATE INCENTATIVES TO PROMOTE QUALITY EARLY CHILDHOOD CARE AND EDUCATION

In April, 2000, the Governor established a second task force, the Caregiver Task Force, to examine issues around the provision of care services for both children and the elderly. This task force recognizes we are reaching a caregiving crisis in the state. Child Care as well as Elder Care providers are underpaid, underqualified, and undertrained resulting in a critical shortage of qualified trained staff and extremely high turnover in the field. Kansas City described the situation as a "trilemma", meaning a conflict among quality, availability, and affordability. Quality care is hard to find because it's costly to offer. Few families can pay the full costs of quality care and few centers can subsidize the cost, so it's not readily available. As a result, child care centers have problems recruiting and retaining trained qualified staff, resulting in child care shortages for families, resulting in staff shortages for employers. This "trilemma" presents a challenge for families, state agencies, and for employers in need of a workforce.

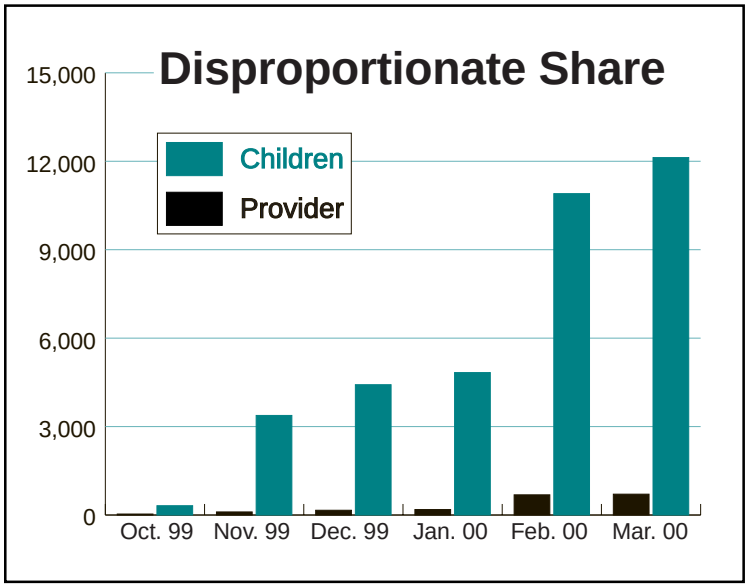


Table 1.1

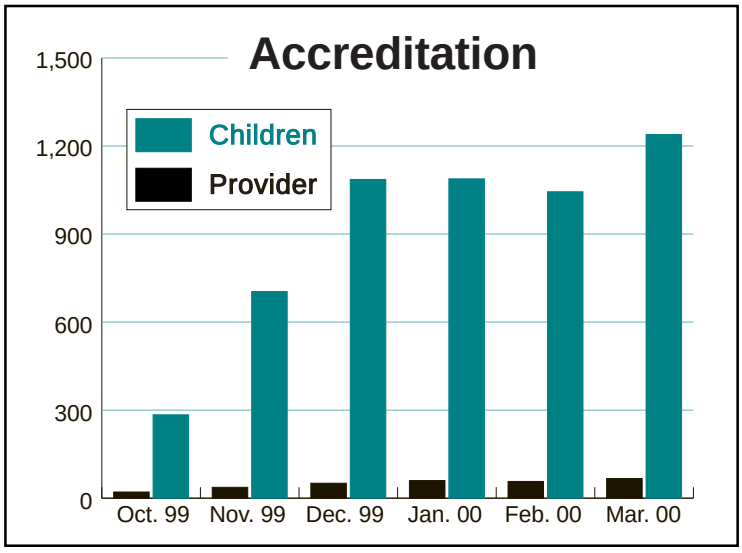


Table 1.2

In recent months, DFS has implemented rate increases for providers serving a disproportionate share of subsidized children (see Table 1.1), accredited child care providers (Table 1.2), care provided during non-traditional hours i.e. evenings and weekends (Table 1.3), and care for special needs children (Table 1.4) as incentives to increase these types of care. Not only are these incentives crucial to increasing availability of care, before facilities can even begin to address quality, they must have a stable funding base that meets the basic needs of the facility.

In addition to rate issues, with inflation and the increases in federal poverty level, our income eligibility limits have remained constant since 1991. As the poverty level rises families with incomes not much above poverty level become ineligible for services. Out of 49 states responding to a survey conducted by the American Public Human Services Associations (APHSA) Missouri ranked 48th in paying the lowest percentage of the federal poverty level for subsidized child care assistance (Table 1.5). While we have made great strides in increasing the quality of available care in Missouri, it must be a priority of the agency and the state to begin increasing our

income limits to serve families most desperately in need of these enriched services. Not only are these families unable to access care in order to work, accessing quality care, to prepare their children for success in school, and thus better opportunities for a brighter future, is well beyond their reach.

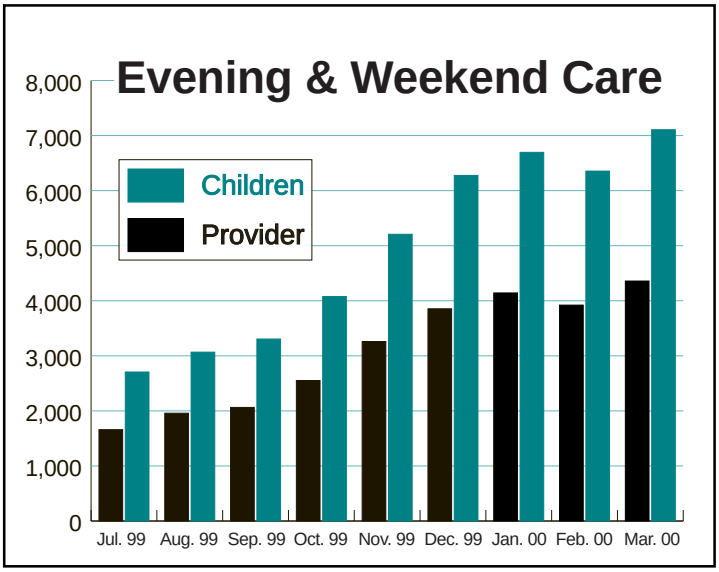


Table 1.3

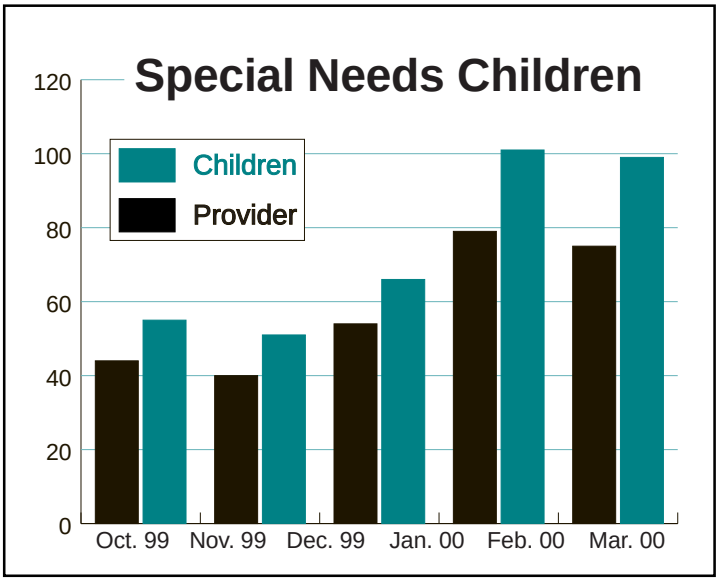


Table 1.4

EXAMPLE: A single parent with 2 children, making $8.57 per hour and working a 40 hour week, makes $1485. This exceeds our current income eligibility limit of $1482 per month for a family of 3. Infant care in Kansas City averages $127 per week in a center. So a family of three making $1485 per month would pay on average $550 per month for infant care. In addition, if the second child is a preschooler also needing care, the average cost of preschool center care is $92 per week or approximately $400 per month. No single parent making $1482 per month can be expected to pay the average Kansas City child care cost for an infant and preschooler of $950 per month and we know "quality" care is going to be average or above average in cost.

Missouri demographics underscore the need. More than half of young mothers return to work within a year of their babies' births. The number of mothers of young children in the workforce has increased as more women choose professional careers, as welfare reform has required recipients to work and as economic demands have pressured families to have two wage earners. And finally, many parents who remain at home seek their community's support during the first five years of their child's life.

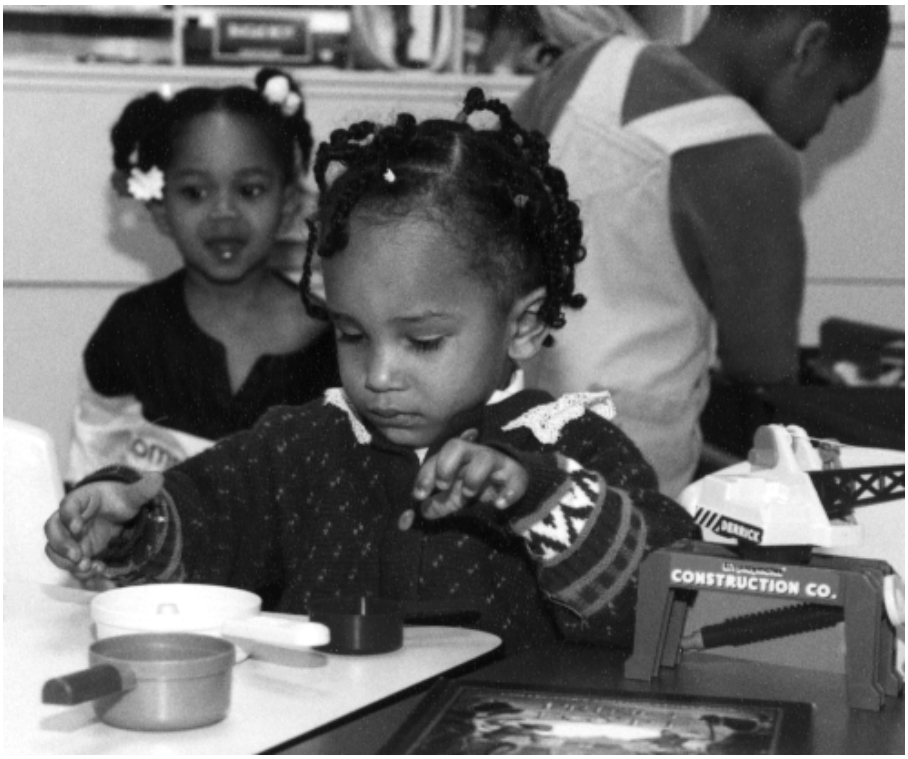
In recent years, the Department of Social Services has made great strides towards increasing the quality and accessibility of early childhood opportunities both directly, through Departmental funding, and indirectly, through collaborative efforts and partnerships with other state agencies, Community Partnerships, and other public/private state/local agencies and organizations. The Department of Social Services is looking to the Community Partnerships to inform the Department and take the lead in the community in the development of local plans to improve the systems of early childhood care and education in their communities. The Department has made HB1519 funding available to Caring Communities to support plans to increase quality of early childhood care and education. As Partnerships and school/neighborhood sites continue to plan around the core result of young children ready to enter school, the resources of the Department will continue to be used to support those plans when possible.

Federal Poverty Level for Subsidized Child Care Assistance

State & Rank	% Federal Poverty Level
Massachusetts (1)	331
Connecticut (2)	294
Minnesota (3)	257
New Jersey (4)	250
Missouri (48)	**127**

Table 1.5

The Department of Social Services has funded start up/expansion grants through HB 1519 to 114 early childhood programs in the state, increasing access and quality for approximately 1184 children age birth to 5, with the majority of these children being age birth to 3. This funding has increased the quality for an additional 2827 children through additional staff education and training leading to accreditation.



The Department of Social Services is partnering with local Head Start Programs in partnership with Community Family Child Care Homes and Centers to utilize HB 1519 funding to provide Early Head Start Services (ages birth to 3 and pregnant women) to an additional 616 infants and toddlers. Due to the nature of the partnership, an additional 1600 children will be impacted by the education, training, and resources provided under this initiative. Through an additional partnership, ACF had contributed an additional $1 million in federal dollars to support this nationally recognized initiative.

While the additional funding through HB 1519 has greatly increased grant and scholarship availability to child care providers to obtain additional education and training, unless the provider lives near a community college or university, the vehicles for providing that training are limited. The DSS Educare program serves as in intricate piece of the infrastructure for providing education and training opportunities for child care providers particularly in areas where training opportunities are sparse. Educare also provides the intensive on-site training desperately needed by many low income providers who are serving children, but may not have much training or education. The reality is that this is where our children are being served and these providers need that extra support and resources that Educare is able to provide. Currently we have 17 Educare sites serving 56 counties with a goal that all providers in the state will eventually have access to Educare services.

Outcomes/Objectives/ Strategies

Outcome: Children are ready for school

Outcome Measures: Percentage of children entering school ready to learn (Show Me Result)

Objectives

1. To increase the number of accredited child care facilities from 277 in 1998 to 496 by FY 2002.

2. To increase the percentage of accredited programs serving state subsidized children by 10% annually from 82 in FY1999 to 110 during FY 2002.

Strategies for Objectives 1 through 2:

Continue to offset the cost to providers pursuing accreditation including education and training that will lead to accreditation, accreditation fees, books and supplies, transportation, and substitutes while in training.

Continue to provide start up/expansion grants to establish new, or expand current programs pursuing accreditation.

Continue expansion of counties with Educare services with a goal to be statewide by FY 2010. (FY 1999- 47 counties; FY 2000- 56 counties; FY 2001- 62 counties; and FY 2002- 72 counties).

Continue to develop incentives for child care providers to care for children of low income families (ongoing process).

Continue working with the Departments of Elementary and Secondary Education and Health on professional development opportunities for staff working in early child care facilities (ongoing process).

Continue participating in the OPEN initiative to create a professional development career lattice for child care providers (ongoing process).

3. To increase the number of children accessing Early Head Start services through a combination of state and federal funds to 700 by FY 2003.

Strategies for Objective 3:

As funds become available, continue to increase the number of state funded Early Head Start programs and promote increases in the quality and availability of care for infants and toddlers.

P**rovide Early Head Start services statewide** by FY2010.

Partner with the Administration for Children and Families to provide HB 1519 funding allowing us to draw down additional federal funding for 11 local Head Start programs to provide Early Head Start services (age birth to 3 and pregnant women) to an additional 616 infants and toddlers. In addition, due to the nature of the partnership, an additional 1600 children will be impacted by the education, training, and resources provided under this initiative.

Work in conjunction with the Administration on Children and Families (ACF) and the Head Start Collaboration Council to provide education and training to community child care providers, serving the birth to 3 year old population, through partnerships with Early Head Start (ongoing process)

Support Early Head Start partnerships, by providing grants to assist partner facilities, public and private community family child care homes and centers, in reaching federal Early Head Start performance standards.

4 To increase child care capacity and accessibility for all children, with an emphasis on infants, special needs children, and for evening and weekend care for Temporary Assistance participants by 10% in FY 2002 (ongoing.)

Strategies for Objective 4:

As funds become available, increase by 10% the number of grants available to start up new, or expand existing, early childhood programs.

As funds become available, continue to increase the number of state funded Early Head Start programs and promote increases in the quality and availability of care for infants and toddlers.

Provide Early Head Start services statewide by FY2010.

As funds become available increase the number of Caring Communities Partnerships with early childhood components.

In cooperation with the Department of Elementary and Secondary Education, conduct a four-year study to evaluate the impact of early childhood development, education and care in Missouri in FY 1999 as required under the law.

Continue expansion of counties with Educare services with a goal to be statewide by FY 2010. (FY 1999- 47 counties; FY 2000- 56 counties; FY 2001- 62 counties; and FY 2002- 72 counties.)

Participate on the Governor's Caregiver Task Force addressing issues around recruitment, training, compensation, and retention of child care providers.

Continue working with the Departments of Elementary and Secondary Education and Health on professional development opportunities for staff working in early child care facilities (ongoing process.)

Continue participation on the Council for Inclusive Needs to expand early education opportunities for special needs children.

Continue participation on the Head Start Collaboration Council to explore ways to utilize collaborative efforts with Head Start to expand professional development opportunities for all child care providers as well as enhanced services for additional children. (Ongoing)

Expand consumer education campaigns through Child Care Resource and Referral agencies to inform subsidized families, the general public and businesses about the importance of economic impact of quality early child education and care (ongoing.)

Link with the Family Investment Trust through Caring Communities to engage communities in developing and maintaining quality child care facilities.

5 To increase the eligible population receiving subsidized child care to 185% of poverty over a three year period beginning in FY 2002 to 150%, FY 2003 to 170%, and FY 2004 to 185%.

Strategies for Objective 5:

Develop a system to provide subsidies for child care for families up to 185% of poverty by FY 2004.

6 Increase by 10% the number of stay-at-home parents, whose family income is below 185% of the federal poverty level, with children ages birth to 3, who receive child development services to prepare children for school in FY 2001. (Baseline to be determined)

Strategies for Objective 6:

Recognizing that not only child care providers, but parents as well, need and want information on child development, DSS contracts with DESE to provide additional Parents as Teachers (PAT) services for low income and/or at risk families. DSS will also be issuing HB 1519 grants to provide additional information and support to parents.

Increase the number of parents receiving information on child development through grants from HB 1519 funds.

Increase the number of parents in general receiving information and support on child development and school readiness.

Increase the number of low income and at risk families accessing PAT services through contracts with PAT.

Increase the number of pregnant women and children accessing home visitation through Children's Services home visitation grants.

DSS is partnering with the state Child Care Resource and Referral Network to fund enhanced resource and referral services in our two metro DFS offices by having resource and referral staff on site to assist families in locating child care and increasing both families' and DFS staff's knowledge of good early childhood practices.

Strategies for Objectives 1 through 6:

DSS passes a portion of the federal CCDF funds to both DOH and DESE for quality activities including resource and referral, school age enhancement grants, provider education and training, nurse consultation programs for child care providers, and regulatory staff to name a few. DSS is involved in an ongoing advisory capacity as to the use of these funds.

In conjunction with DOH, fund a statewide consumer awareness campaign through the Child Care Resource and Referral Network, to educate the public on the importance of quality early childhood education.

Continue to participate in the Family Investment Trust and Caring Communities in cooperation with the state Departments of Elementary and Secondary Education, Health, Mental Health, Labor and Industrial Relations, Corrections and Economic Development and local communities to accomplish three of the six Family Investment Trust core results: young children ready to enter school, children and families that are healthy, and children and youth succeeding in school.

The Department, The Division of Child Support Enforcement, and the Division of Family Services, through the Missouri Fatherhood Initiative, will work in cooperation with Caring Communities, established fathers' support programs and Community Partnerships to accomplish the Missouri Fatherhood Initiative outcomes of: 1) increased father involvement with the early childhood education of children, which includes improving parenting skills and ensuring healthy children and youth; 2) increased voluntary child support payments; and 3) the creation of systems/strategies/policies that encourage a team approach to parenting between non-custodial fathers and custodial mothers resulting in improved parenting.

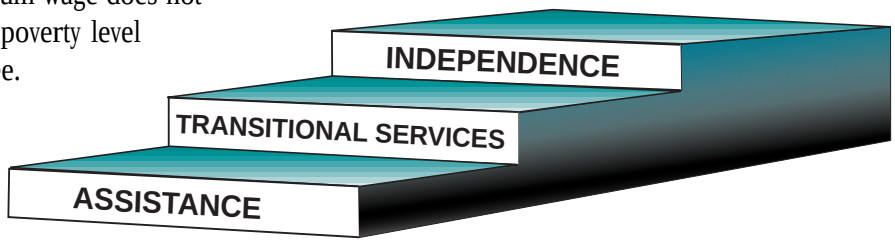
Missourians to Achieve Self-sufficiency

Issue Statement

Overcoming barriers is crucial to Missourians' self reliance.

Prior to welfare reform, states across the nation focused on providing monthly cash assistance payments to eligible families. As a result of state and federal welfare reform efforts the focus was changed to helping people get jobs through education, training and employment assistance. The ultimate goal is to move cash assistance families toward work and financial independence. If families are not achieving this goal, the result is generations of welfare dependency.

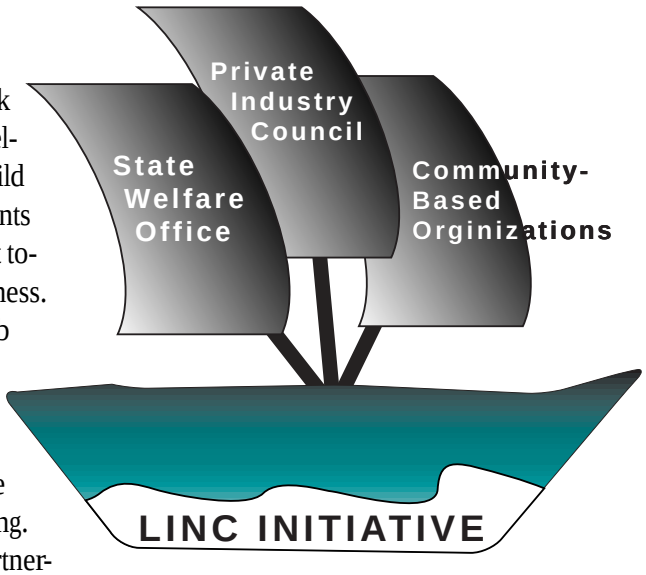
A female with an average education of 11.1 years, is the head of household in 96% of the Temporary Assistance cases in Missouri. The current minimum wage is $5.15/hour ($893/month). With the average Temporary Assistance household consisting of .74 adults and 2 children, working at minimum wage does not move the family above the poverty level ($1180) for a family of three.



Employers participating in welfare reform through hiring welfare recipients is critical to the success of moving families into livable wages/employment. Over 13,000 employers statewide are involved in hiring welfare recipients. Referrals to employers have resulted in 3,210 individuals hired July 1999 through March 2000. As families transition off of assistance, support services such as child care and Medicaid are provided.

Individuals may enter work activities that provide education, skill training, job readiness and employment that would lead to self-sufficiency. Specific activities include job skills training, Adult Basic Education, vocational training, community work experience, subsidized and unsubsidized employment. In addition to a cash grant, supportive services available include, child care payments, transportation allowances and work related expense payments. The Division of Family Services' case management program coordinates existing resources

needed for the participant to be successful. DFS partners with community agencies who assist in this overall effort. During March 2000, 20,511 people participated in one or more of the above work activities. Since January 1993 caseloads have decreased by more than 131,600 people and more than 34,000 cases.



The Department of Social Services provides the Work First Program to assess job readiness levels of welfare applicants and provide support services (i.e., child care, transportation.) Work First requires applicants and recipients to begin a family self-sufficiency pact toward employment by determining their job readiness. The model helps workers accurately evaluate job readiness levels by identifying the individual's job skills, work experience and education level.

Each of the twenty-one Community Partnerships have plans to address the core result of Parents Working. The Department has specifically asked several Partnerships to develop plans, which could direct the use of the Department's resources in a way that would be more responsive to local issues. Technical assistance has been given to four Partnerships to support their development of a local plan. Each of the twenty-one Community Partnerships are also developing Welfare to Work plans in collaboration with the local Private Industry Council.

An example of a Work First program is the Local Investment Commission (LINC) located in Kansas City. LINC's innovation involves redesigning and retooling local human service systems. While LINC has worked in the field of child welfare, health care, and most recently education, its most significant accomplishments to date are in welfare to work. LINC's initiative has placed 2,695 individuals in jobs over a four-year period (January 1, 1995 to December 31, 1998.) Fewer than 25% have subsequently returned to local welfare rolls. LINC developed a community-based welfare-to-work system that effectively integrates the state welfare office, the area's Private Industry Council, and major community-based organizations into a multi-track employment system. This new system looks beyond job placement to track and evaluate issues that affect retention: child care, transportation, and employer training. The recidivism rate has decreased as the LINC created system has learned and improved job matching, arranging supportive services, employer training and case management.

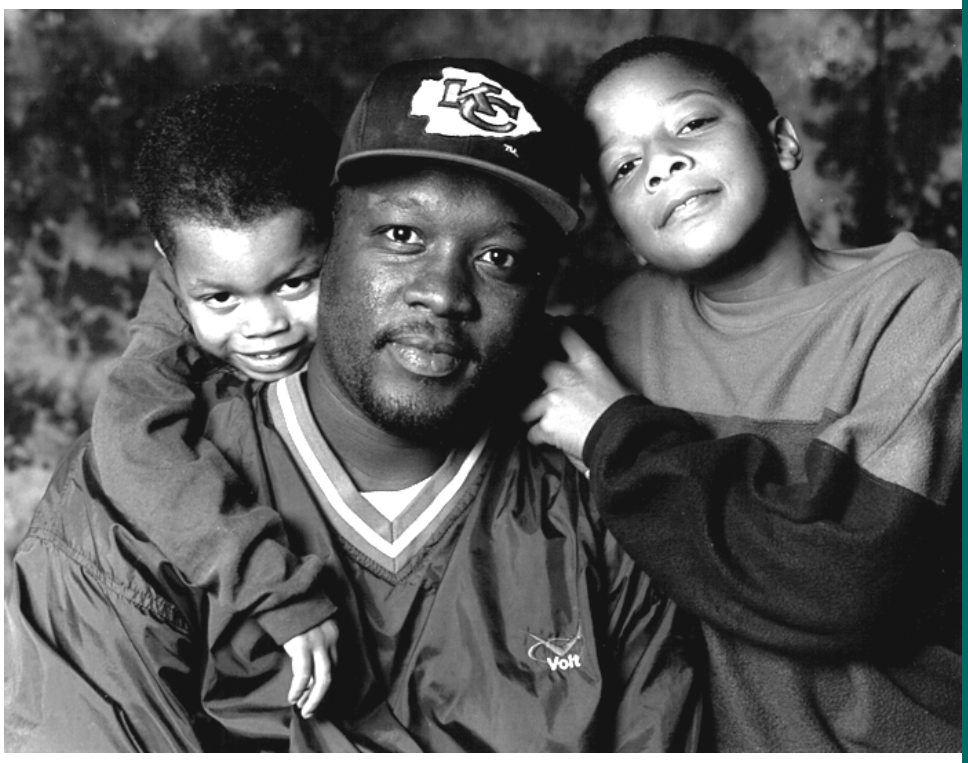
Families negotiate self-sufficiency plans with the Division of Family Services to establish individual employment goals. The self-sufficiency plan sets forth the commitment of the Division and the individual, describing the services the Division will provide so that the individual will be able to obtain and retain employment. The Division of Family Services' case management gives priority to people receiving Temporary Assistance 24 months or longer. The combination of case management,

work activities and supportive services has proven to be successful in moving people from public assistance to self-reliance. Since May 1995 when self-sufficiency plans were introduced, 53,392 people have signed a plan.

A unique component of the self-sufficiency plan is the child development plan. Missouri is the only state in the nation that includes in their self-sufficiency plan activities pertaining to child development. An individual engaging in the child development component of their self-sufficiency plan may focus on child care arrangements, parenting skills, early childhood care and education activities, or special needs services.

Parents receiving Temporary Assistance benefits and those with low income need child care for their children in order to participate in job training, education, or to maintain employment or have other special needs met. Child care is essential to assisting households in their endeavors to reach self-sufficiency, break the cycle of poverty, and to leave the welfare rolls.

Providing a method for parents to access and utilize affordable, quality child care is paramount in families' self-sufficiency. Availability of child care providers increases the capability for Temporary Assistance and low-income families to seek, maintain and improve their employment. Quality child care ensures Missouri children receive the early childhood development they need to be successful in school and eventually become productive citizens.



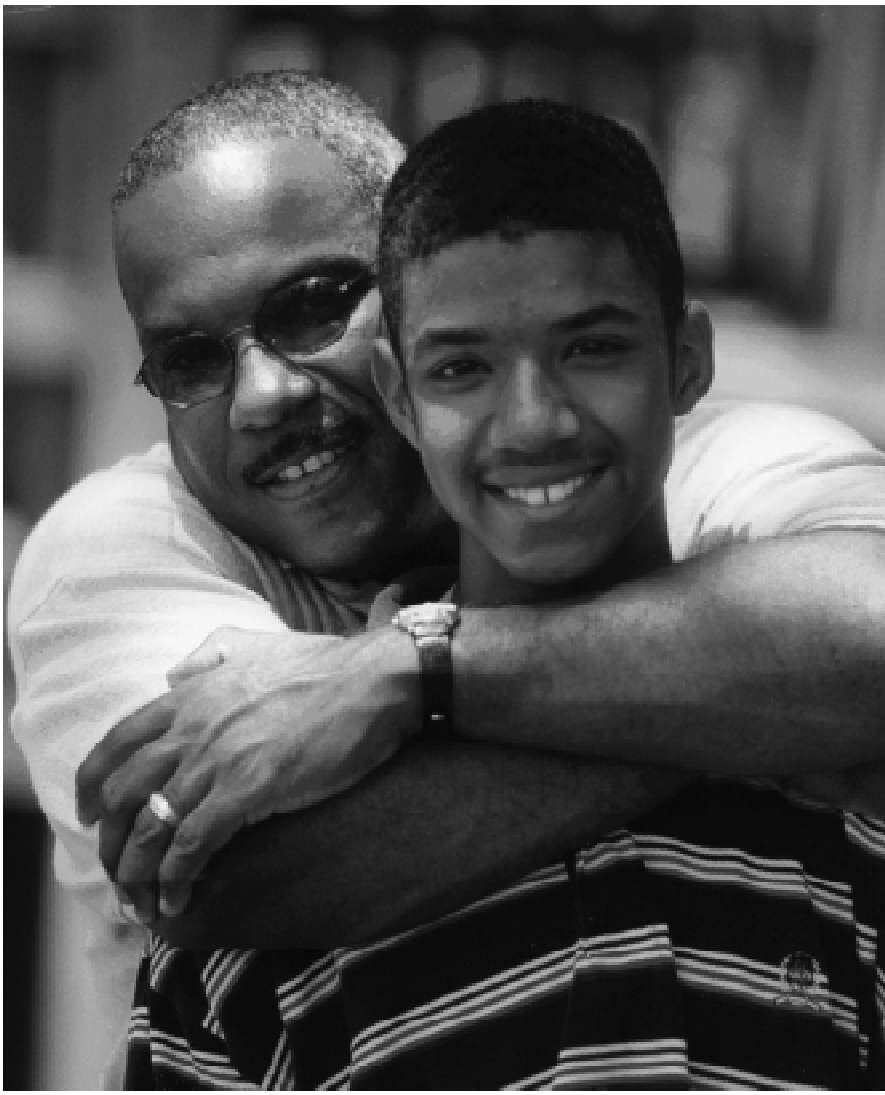
Through the availability of child care for low-income individuals, an average of 43,819 children accessed child care during FY 2000. This is an established trend that is increasing as parents transition from Temporary Assistance to the work force.

To ensure that working families do not fall back onto welfare due to low wages and other financial barriers to self-sufficiency, the Division of Family Services, in coordination with Community Action Agencies, will educate and assist workers with the availability of the federal earned income credit (EIC), and the advance earned income credit. Eligible workers will be encouraged to apply for advance earned income credit through their employer so that they can receive additional funds in their regular paycheck. They will also be encouraged and instructed in how to file a federal income tax return so that they will be eligible for additional earned income credit. Going hand-in-hand with this additional source of income is the need for money management education, and a banking relationship. Building on the success of the direct deposit program, the Office of the Treasurer is requesting Missouri financial institutions to offer low cost/no cost savings accounts to those moving from welfare to work. Workers will be assisted with setting up a savings account, with the possibility of some private donor match money to serve as an incentive to save some or all of their EIC.

The Division of Child Support Enforcement recognizes the diversity of non-custodial parents and their ability to meet their child support obligations. Through the Parents' Fair Share Program, the Division attempts to enhance non-custodial parents' employment opportunities so they are able to meet their support obligations. The program also addresses other factors, such as access and visitation, that influence a non-custodial parent's commitment to meeting their child support obligations. The goals of the Parents' Fair Share program are to increase the number of non-custodial parents who assume an active, positive role in their children's lives. The program is based on the idea that both parents are responsible for the support of their children. Through effective case management services, the program provides work activities for unemployed/underemployed non-custodial parents. Consistent child support payments from non-custodial parents increases the likelihood of the family's ability to become and remain self-sufficient.

Every child has a right to receive support – from both parents – even if the parents are divorced, separated, or have never been married. With the increasing number of single-parent households, the time-limited public assistance benefits under welfare reform, and the number of children living below the poverty level, the work done by the Division of Child Support Enforcement staff and their circuit clerk and prosecuting attorney partners is more important today than ever before. The division will put children first by helping both parents assume responsibility for the economic and social wellbeing, health, and stability of their children. This will be accomplished by assuring that a parent who lives outside the primary residence of the children has a legal relationship with the child, pays an appropriate level of child support on a regular and timely basis, and is encouraged, except in cases where this is proven to be inappropriate, to have an ongoing relationship with the child.

Active fathers in the lives of children contribute greatly to the well-being of Missouri's children and for families to achieve and maintain self-sufficiency. Statistics clearly show that children who do not have an active father (or no father in their lives) are prone to many of the social ills plaguing our society, such as poverty, suicide and incarceration.



In 1996, there were 11.7 million single parent families, of these 9.85 million were headed by mothers and 1.86 million were headed by fathers. Source: U.S. Bureau of the Census, Statistical Abstract of the United States 1997, U.S. Government Printing Office, Washington, D.C., 1997.)

In Missouri in 1960, female headed-households (with children under the age of 18) were 43,037; in 1990 that number increased to 135,494. (Source: Missouri Office of Administration-Division of Budget and Planning (Census Bureau).

Children who have contact, however, with their nonresidential parent are more likely to receive child support. Upon passage of the 1996 Personal Responsibility and Work Reconciliation Act, the importance of encouraging the formation and maintenance of two-parent families in low-income communities was recognized. Fathers who pay child support are more likely to be actively involved with their children and to seek co-parenting agreements to facilitate that process.

The Missouri Fatherhood Initiative will build bridges that strengthen the bond between children and fathers and foster a societal environment in which men feel that acknowledging paternity and assuming parental responsibility is the right thing to do. Community partnerships, community-based organizations, faith-based groups, and established fathers' support centers will be utilized in collaboration to address fatherlessness in the community.

Domestic Violence victims are impacted by welfare reform. Women need support and time to get out of abusive relationships. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 includes strict limits governing how quickly recipients must move from welfare to work. The U.S. Department of Health and Human Services recognized the link between domestic violence and poverty. States were allowed to adopt the Family Violence Option, which Missouri did as part of the Temporary Assistance program. The Family Violence Option provides for:

- identification and screening of domestic violence victims;
- referral to services; and
- waivers of program requirements for good cause.

The Family Violence Option is the first time in federal law that the connection between violence and poverty has been recognized. Proponents of the Family Violence Option are careful to point out that their goal is not to exempt individuals permanently from the new work requirements. Ultimately, a job may be exactly what some of these individuals need. Work is often more of a therapeutic tool than counseling

"The U.S. Department of Health and Human Services recognized the link between domestic violence and poverty."

The Division has responded to the Family Violence Option by developing policy, procedures and training pertaining to domestic violence. Families are now screened and assessed for the incidence of domestic

violence when applying for Temporary Assistance. A comprehensive training curriculum was developed and presented to all front line workers who may be in contact with families applying or receiving Temporary Assistance. This training was a collaborative approach with the Division of Family Services (Income Maintenance and Children's Services), the Division of Child Support Enforcement, and the Missouri Coalition Against Domestic Violence. It is the first time workers from a variety of disciplines were brought together to be trained on a specific issue that may be commonly shared. The outcome of this approach will better serve families where domestic violence is a barrier to self-sufficiency through offering inclusive services.

Ensuring that more young Missourians complete a high school education is critical to their future as well as the future of our state. According to the U.S. census Bureau data, 21% of adults who do not have a high school diploma are living below the poverty threshold; that number drops to 10 percent for high school graduates. A high school diploma helps Missourians support their families, contribute to their communities, and sustain the economic health of the state.

Youth committed to the Division of Youth Services are historically one to three years behind their peers academically with few or no high school credits. Working toward identified educational and vocational goals promotes a youth's self esteem, academic progress, smooth transition back to community, and potential for success and satisfaction on the job.

Blind and visually impaired consumers are given the opportunity to identify appropriate living and employment goals. Services are provided by the Division of Family Services to attain the skills necessary to achieve these goals. Services provided by staff include: counseling and guidance, job placement, travel, training, instruction in communication, personal management, and homemaking. Services such as physical restoration are purchased. Services provided to blind and visually impaired children include: parent education, referral and resource information, counseling services to families, and consultation to schools serving blind and visually impaired children. These services provide children the opportunity to participate in the education process with their sighted peers.

Outcomes/Objectives/ Strategies

Outcome:

Decreased percentage of Missourians obtaining public income support (Show Me Result).

Outcome Measures:
- percentage of Missourians obtaining public income support
- number of Missourians obtaining public income support

Outcome:

Increased percentage of Missourians with income above 100% of poverty level (Show Me Result.)

Outcome Measures:
- percent of Missourians with incomes above 100% of the poverty level

Outcome:

Decreased number of communities with a high concentration of poverty (Show Me Result.)

Outcome Measures:
- percent of communities with a high concentration of poverty.

Outcome:

Increased number of Missourians with a completed high school education, GED or vocational training

Outcome Measures:
- percentage of 18 year olds with a high school diploma or GED (Show Me Result)

Objectives

1. To maintain work participation of recipients of Temporary Assistance at a minimum of 50% in FY2002.

2. To increase the number of qualified participants who are engaged in a work activity within 24 months of receipt of Temporary Assistance from 22.3% in 1998 to 85% by FY 2002.

Strategies for Objectives 1 through 2:

Provide case management assistance to Temporary Assistance participants mandated to be in a work activity.

Develop self-sufficiency pacts for all Temporary Assistance participants.

Collaborate with communities in coordinating under-utilized transportation resources and computerized networks to match Temporary Assistance participants with persons/agencies who can meet their transportation needs.

Coordinate with the Caregivers Task Force to examine issues surrounding the caregiver crisis in the state.

Explore issues related to housing for Temporary Assistance participants moving towards self-reliance.

Encourage communications between community resources and local Division of Family Service offices to understand opportunities for participants in the areas of HUD, Domestic violence shelters, Child Care Resource and Referral Agencies, etc.

Develop a system to provide child care subsidies for families up to 185% of the federal poverty level by 2003 (see Goal 2: Children Entering School Ready to Learn)

Continue working with the Department of Elementary and Secondary Education to increase the number of employment and training programs available to Temporary Assistance participants.

Identify type of short-term (12 months or less) curriculum needed to allow individuals to be self-sufficient by FY2002.

Encourage Temporary Assistance participants to enter into a banking relationship using the financial institutions product summary of available savings and checking accounts provided by the Treasurer's Office.

3 To increase the number of families identified and receiving domestic violence services through case management services by 10% by FY 2002 (baseline to be determined.)

Strategies for Objective 3:

Identify, through assessment and screening processes, the number of Temporary Assistance families impacted by domestic violence.

Continue to develop and link families to community services to address domestic violence after the need has been identified.

In collaboration with the domestic violence community, continue to train workers to identify and make appropriate referrals for families who experience domestic violence.

4 To increase the number of Temporary Assistance participants leaving the program due to employment from 7597 in FY 2000 to 8356 by FY 2002.

5 To decrease the recidivism rate for Temporary Assistance recipients from 16.35% in FY2000 to 15.35% in FY 2002.

6 To increase work activity participation of non-custodial parents in the Parents' Fair Share program from a monthly average of 1256 parents in 1999 to 2196 parents in FY2002.

Strategies for Objectives 4 through 6:

Expand the number of employers providing jobs to Temporary Assistance participants in cooperation with Department of Economic Development.

Implement a plan that promotes job retention by providing support services once a participant has obtained a job by FY 2002.

Continue to develop a data system to track 24-month and 60-month time limits, by FY2002 of recipients of Temporary Assistance.

Develop a plan to educate and assist new workers with applying for EIC and advance EIC.

Educate employers participating in welfare to work about advance EIC.

Evaluate extending work supports (bus passes, work-related expenses, and child care) for an additional three months after individual transitions from welfare to work.

To establish, through pooled funds from interdepartmental state resources, a system that addresses the needs, risks and strengths of Temporary Assistance recipients as they transition from welfare to work.

Evaluate annually the effectiveness of the Parents' Fair Share program in improving a non-custodial parent's ability to financially support his or her children.

Expand the use of case management contracts to promote growth and success of the Parents' Fair Share program.

Continue to work in Cooperation with the Department of Elementary and Secondary Education and other community based resources to ensure that non-custodial parents have the assistance to reach their goals.

To continue participation in the Family Investment Trust and Caring Communities in cooperation with the state Departments of Elementary and Secondary Education, Health, Mental Health, Labor and Industrial Relations, Corrections, Public Safety and Economic Development and local communities to accomplish two of the six Family Investment Trust core results: parents working and youth ready to enter the work force and become productive citizens.

Work with LINC in Kansas City using local resources for work force issues including funds from the Chamber of Commerce, the Greater Kansas City Community Foundation and the Midwest Research Institute.

The Department, the Division of Child Support Enforcement, and the Division of Family Services through the Missouri Fatherhood Initiative, will work in cooperation with Caring Communities, established fathers' support programs and Community Partnerships to accomplish the Missouri Fatherhood Initiative outcomes: **(1)** increased voluntary child support payments, increased expanded father-friendly environments in public/private agencies servicing families (mothers, fathers and children); **(2)** increased coordination between agencies serving low-income fathers and connecting them to available services; **(3)** the creation of systems/strategies/policies that promote increased contact between non-custodial fathers and their children; and **(4)** increased community awareness of the fatherhood initiative, the importance of fathers in the children's lives and the qualities of responsible fatherhood.

The Department will continue the Casey Jobs Initiative project in St. Louis in collaboration with the East-West Gateway, businesses and Department of Economic Development to train and place 568 recipients in jobs. The Center for Health Careers helps get participants into entry-level health care jobs and then work with them to advance up the career ladder.

The Department will continue to work with community partnerships and review proposals submitted to the Department for building the community-specific capacity to deal with welfare to work issues. Local resources will continue to be sought as leverage to increase the investment.

7 To increase the percentage of students in the care of the Division of Youth Services who receive career or vocational education from 19% in 1998 to 50% by FY 2003.

8 To increase the number of students productively involved in education and/or employment at the time of discharge from Division of Youth Services from 74% in 1998 to 80% by FY 2003 (6%).

Strategies for Objectives 7 and 8:

Increase resources for developing alternative education and job placement services.

Ensure case management caseloads remain at 20 or below.

Provide appropriate career/vocational resources through text book monies, staff training, etc.

Integrate core academic curriculum to career/vocational education.

9 To increase by 12% the number of blind youth in Rehabilitation Services for the Blind's caseload who have work experience by FY2002 (baseline to be determined.)

Strategies for Objective 9:

Identify training needs for rehabilitation counselors in school to work programs and develop training to meet need by FY2002.

Continue to develop marketing tools to inform schools, agencies, hospitals, etc., about Rehabilitation Services for the Blind, services to blind children and youth and parents.

10 To increase by 25% the number of blind Missourians employed through provision of Vocational Rehabilitation Services by FY2002 (baseline is 215 in FY 1998.)

Strategies for Objective 10:

Explore options for developing training sites in a variety of businesses throughout the state to provide work experience for blind consumers by FY2002.

Develop marketing tools to reach consumers with varying levels of blindness as well as employers who have not previously had experience with blind employees by FY2002.

Provide technological assistance for Vocational Rehabilitation consumers by FY 2002.

Develop additional employment opportunities for Vocational Rehabilitation consumers.

11 To maintain Missouri's establishment of paternity at or above the performance indicator level of 80% each year.

12 To increase Missouri's child support order establishment percentage to the performance indicator level of 73% by FY 2002.

13 To increase child support collections by 5% or more per year.

14 To increase the number of Parent's Fair Share participants paying child support by 5% each year.

Strategies for Objectives 11 and 14:

Expand the hospital-based paternity acknowledgement program to assist in educating and training appropriate hospital staff on the importance of paternity establishment for a child.

Continue providing licensed attorneys to conduct child support administrative hearings and issue decisions and orders in cases involving establishment, modification and enforcement of support orders.

Increase use of resources such as the new hire reporting system and financial institutions data matches to establish non-custodial parent location and financial resources.

Increase the number of multi-county service centers by one or more additional locations to better serve clients.

Continue program privatization in collecting child support with assigned arrears from non-custodial parents.

Implement federal mandate system modifications to the Missouri Automated Child Support System (MACSS) to enable distribution changes by the scheduled mandate implementation date of October 1, 2000.

Implement federal mandate system modifications to MACSS necessary to continue with centralized collections by the scheduled federal mandated implementation date of October 1, 2000.

Implement federal mandate system modifications to MACSS to enable Federal Institution Data Matches by the scheduled federal mandated implementation date of October 1, 2000.

Develop and implement a plan to shift available resources to comply with caseload standards recommendations.

The Department, the Division of Child Support Enforcement, and the Division of Family Services through the Missouri Fatherhood Initiative, will work in cooperation with Caring Communities, established fathers' support programs and Community Partnerships to accomplish Missouri Fatherhood Initiative outcomes: (1) increased paternity establishment; and (2) improved state and local data collections/ statistical information on fathers and the effect of fatherless homes on children.

15 To increase the percentage of Temporary Assistance teen parents between 17 and 19 with high school diplomas/GED from 6% in FY 2000 to 8% in FY2002.

Strategies for Objective 15:

Continue to provide case management and support services to Temporary Assistance teen parents, Temporary Assistance teens and other teens at risk of dropping out of school or who have dropped out of school through contracts with local school districts.

Continue mentoring programs targeting youth at risk of entering the welfare system. This program pairs youth with business leaders/employers.

16 To increase the average academic achievement rate of improvement for youth in care of the Division of Youth Services from 71% in 1998 to 75% in FY 2002.

17 To ensure the number of passing attempts of the GED, by youth in the care of the Division of Youth Services, does not fall below 75% in FY 2002.

Strategies for Objectives 16 and 17:

Implement teaching strategies to address individual learning styles and assure instruction is relevant and meaningful.

Increase resources for developing alternative education services in FY2001.

Integrate GED achievement goals into student treatment plans and facility performance expectations.

Implement training and resource materials to address weaknesses in the Division of Youth Services' youth writing skills and career education in FY 2001.

Develop a profile of a 16 year old youth in the care of the Division of Youth Services who obtains a GED by analyzing entrance achievement scores and presenting this information to regions for improved identification of GED candidates.

18 To increase the high school graduation rate for blind youth in the Rehabilitation Services for the Blind's caseload by 10% in FY 2002 (baseline to be determined.)

Strategies for Objective 18:

Provide parental education in the areas of needs and capacities of blind children and youth.

Develop marketing tools to inform schools, agencies, hospitals, etc., about Rehabilitation Services for the Blind's services to blind children and youth and parents by the end of FY2001.

Develop specific procedures with Department of Elementary and Secondary Education to increase referrals by schools in FY2002.

Goal

Safe and Law Abiding Children

Issue Statement

Missouri's children and youth need a safe, stable and secure environment.

The Department of Social Services, through legislative mandates, must investigate or assess incidents of child maltreatment. While the number of child abuse and neglect incidents has decreased by 13% from FY 1995 through FY 1999, the number of children in alternative care has increased by 21% during the same period of time. The implementation of child welfare practice statewide allows social service worker staff the option of responding to reports of child abuse and neglect either from an investigation mode or a family assessment method. This family assessment method results in a less intrusive examination of the issues surrounding the report and allowing the family to act as a team member in identifying and following through with established treatment goals.

During the course of that investigation or assessment, the Division of Family Services, in conjunction with the Juvenile Court must make a recommendation of the permanency plan for the child(ren) and families. That permanency may be reunification with the family, legal guardianship, independent living, or adoption. Over 50% of the children who enter the custody of the Division of Family Services do so due to abuse and neglect.

In those situations in which reunification of the child(ren) with their families is not possible, the Department strives to limit the number of moves the child must experience while in alternative care. In addition, the length of time a child must remain in out-of-home care without permanency must be addressed. Thus, the number of adoptions has and will continue to increase.

With the passage of the federal Adoption and Safe Families Act of 1997 (ASFA) and subsequent state legislation, the Department is now charged with pursuing the permanency options for children at an accelerated pace. Children who have been in the custody for 15 of the past 22 months should have petitions filed to terminate the parental rights (TPR) of their parents. In certain circumstances in which compelling reasons exist, the Department need not wait for the 15 months in order to initiate TPR proceedings.

Children with severe needs have behavioral health issues which negatively impact their ability to remain in their homes and communities. Their severe behavioral health issues also negatively impact their placement success in traditional Family Services' residential care, Youth Services' residential care, Mental Health residential care, or mental health hospitalization. These children and their families have complex interaction with mental health, medical, social services, legal and education systems. They often receive a series of increasingly intense and expensive state services including long-term placement in residential care. The Interdepartmental Initiative for Children with Severe Needs is a consortium of the Departments of Social Services, Mental Health, Elementary and Secondary Education, and Health designed to address a more responsive approach to children with severe behavioral health issues and are jointly committed to planning for children with severe needs and their families.

Even though parenting is one of the most important responsibilities anyone can assume, many new parents come into the role without the information, personal resources and support necessary to successfully nurture their children. Home visiting for parents and their children, beginning during prenatal or at birth, has been shown through extensive national research and experience to be an important and effective strategy to prevent a range of poor childhood health and developmental outcomes, including child abuse and neglect. Young parents and their children are at particular risk for poor health, social, educational, and economic outcomes. Reaching these young parents, upon the birth of their first child, before negative parenting practices have been established and repeated pregnancies have occurred, provides the opportunity to have a greater impact on strengthening young families and preventing these poor outcomes.

Child abuse is an indicator of domestic violence. National statistics show that child abuse is 15 times more likely to occur in families where domestic violence is present. The Department of Social Services began collaborative efforts with the Missouri Coalition Against Domestic Violence (MCADV) to prepare to work with individuals experiencing family violence and help them prepare to enter the community workforce. Much of this collaborative effort has focused on the continued partnering between DSS staff and domestic violence shelter and service providers in the local communities. Due to the fact that family violence has such a broad impact upon the communities in which we work and live, this partnership is vital. The ultimate goal of working together is to end the vicious cycle of family violence.

"The existence of Juvenile Court Diversion projects continues to exert a positive influence in diverting youth from becoming part of the system."

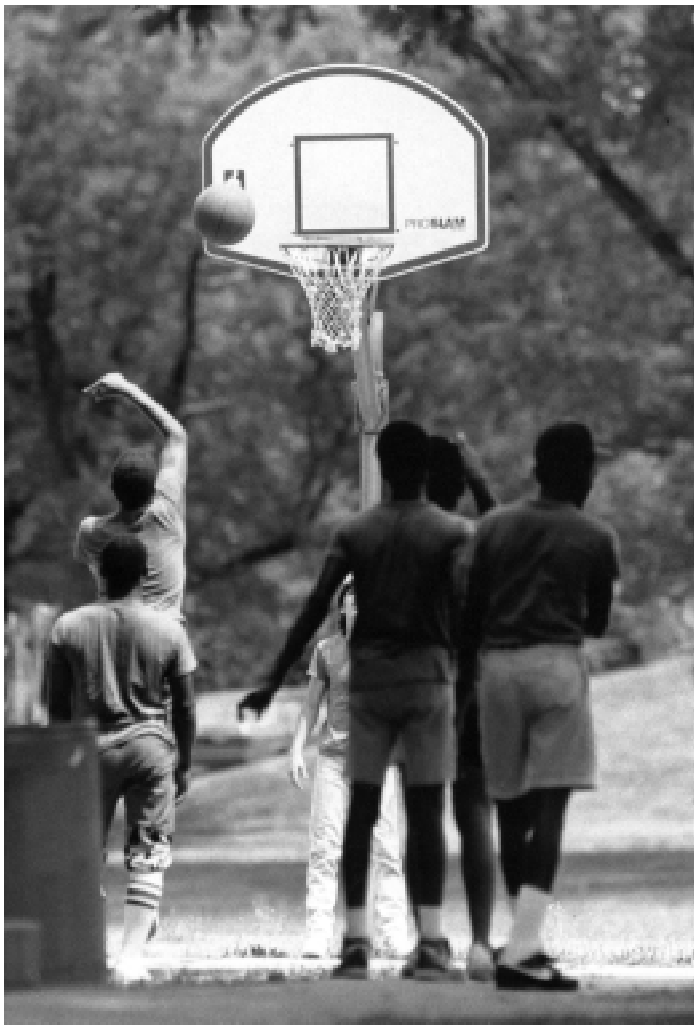
Despite an increasing awareness of severe violence against children, very little was known in the past about fatal child abuse and neglect. In the late-1980's, Missouri researchers discovered that many fatal child injury cases were inadequately investigated and that many children were dying from common household hazards with inadequate supervision. Many cases of fatal abuse and neglect went undetected, misclassified as natural deaths, accidents or suicides. The information necessary for the thorough investigation of a child death was distributed among agencies which could not share records.

House Bill 185 was passed during the 1991 legislative session and implemented in January 1992. It requires that every county in Missouri establish a multi-disciplinary panel to examine the deaths of all children under the age of 18. If the death meets specific criteria, it is referred to the county's multi-disciplinary child fatality review panel. Of all child deaths in Missouri (about 1300-1400 deaths annually,) approximately one-third merit review. To come under review, the cause of the child's death must be unclear, unexplained, or of a suspicious circumstance. All sudden, unexplained deaths of infants one week to one year of age are required to be reviewed by the panel.

The findings of each panel review are sent to the State Technical Assistance Team (STAT), which supports and implements the Child Fatality Review Program. STAT has evolved over time to become a children's response unit of integrated, managed services. STAT trains and maintains 115 county-based child fatality review panels, organizes and develops multi-disciplinary teams to investigate serious/fatal physical and sexual abuse and serves as an information resource to the entire investigative community.

Those children who are at greatest risk of death and serious injury have certain characteristics, which identify them as a group. Understanding who these children are, where and when they are most vulnerable can guide and maximize prevention efforts by identifying strategies proven effective with similar populations and targeting

that group for prevention. There is a growing recognition among professionals in the field of injury prevention that the public health tools and methods used effectively against infectious and other diseases can also be applied to injury prevention. As a result, attention is given to the environment and to products used by the public, as well as individual behavior. It is the responsibility of the Missouri Child Fatality Review Program to use the data available to drive and guide programs and policies that are proven effective as preventive measures. The Program will be releasing an annual report, which is the first of its kind for Missouri, in examining leading causes of death among Missouri children. Each section will include specific prevention recommendations for parents and other caretakers, for community leaders and policy makers, for professionals and/or members of county Child Fatality Review Panels. This information will be available on the STAT website and distributed at STAT training programs and presentations.



The Missouri Child Fatality Review Program utilizes several partnerships and collaborations when working on the prevention recommendations. These collaborations are with public and private agencies in various areas, including SIDS, suicide, drowning, fire, and child abuse, including Shaken Baby Syndrome. Some of the lead state-wide agencies in these areas include: SIDS Resources, the Department of Health, Bureau of Maternal and Child Health and the Bureau of Disability Prevention and Injury Control, the Division of Family Services, the Division of Fire Safety, the Division of Highway Safety, and the Children's Trust Fund.

In 1997, there were 22,553 referrals to Missouri's Juvenile Courts for status and minor offenses. This represents just under a 6% reduction in referrals from 1996. The existence of Juvenile Court Diversion projects continues to exert a positive influence in diverting youth from becoming part of the system.

Through Caring Communities, the Department will continue to work to make the services of the Division of Family Services and the Division of Youth Services more responsive to the needs of individual communities. Partnerships and Caring Community sites plan around the result of children safe in their families and families safe in their communities. An independent evaluation of Caring Communities has shown that there had been greater and faster improvement in incidences of substantiated child abuse/neglect and in improved results around commitment and re-commitment of youth to DYS in Community Partnerships than in the state as a whole.

The Division of Family Services' Children's Services is in the process of becoming an accredited child welfare agency as such it must attain national standards in the areas of management, oversight practice, and quality improvement thereby enhancing our child welfare practices. The ultimate benefit will come to those children and families served. The paramount charge of the Division of Family Services' Children's Services programs and staff is to ensure the safety and permanency of children through family-centered, strengths-based approaches while always making sure that the child's best interest is attained.

Outcomes/Objectives/ Strategies

Outcome: Reduced number of child deaths.

Outcome Measures:
- rate of deaths reported compared to previous year per 100,000 of the child population)
- decreased rate of infant mortality (Show Me Result)

Outcome: Reduced percentage of children being abused/neglected and exploited.

Outcome Measures:
- decreased incidence of family violence (Show Me Result)
- percentage of children with substantiated child abuse/ neglect reports
- recidivism rate of children with substantiated child abuse/ neglect reports

Outcome: Expedited permanency is achieved for all Division of Family Services children in custody.

Outcome Measures:
- number of months to achieve permanency
- recidivism rate of children exiting custody
- rates of adoption
- rates of guardianship

Outcome: Decreased crimes against persons and property (Show Me Result).

Outcome Measures:
- rate of crimes against persons (per 100,000)
- rate of crimes against property (per 100,000)

Objectives

1. To decrease the number of intentional and unintentional injury deaths from 350 in 1999 to 325 by 2002.

2. To increase the percentage of cases of injury deaths, where response and prevention methods were enhanced, from 15% in 1999 to 80% by 2002.

Strategies for Objectives 1 through 2:

Identify significant causes of preventable child deaths.

Work in partnership with state and local groups concerned about the well-being of children to educate the public regarding causes of preventable child deaths and their role in prevention.

Make data-based recommendations for preventing child deaths and to evaluate the effects of these efforts.

Advocate and support child fatality prevention efforts.

Educate professionals involved in the prevention and investigation of child deaths.

Provide expertise and direct assistance to mulit-disciplinary teams in the investigation of serious physical and sexual abuse involving children.

Provide training, investigative assistance and evaluation of evidence in crimes involving computers, children and the Internet.

Organize, support and train county-based multi-disciplinary child abuse teams

3 To decrease the number of children who experience two or more substantiated child abuse/neglect reports within one year from 1173 children in 1999 to 875 by FY2003.

4 To reduce the rate of children entering out-of-home care per 100,000 of child population from 521 in 2000 to 483 in FY 2003.

Strategies for Objectives 3 and 4:

Complete an independent evaluation of child welfare practice.

Designate a prevention specialist within the Division of Legal Services to work with agencies to distribute child abuse, neglect and fatality information.

Reduce alternative care caseloads to no more than 20 children to allow children service workers sufficient time for case management and direct service delivery for the entire state by FY 2002.

Develop a collaborative home visitation council with Department of Public Safety (DPS), Department of Health (DOH), Department of Mental Health (DMH), Department of Elementary and Secondary Education (DESE), Children's Trust Fund (CTF) and Department of Social Services (DSS) to redesign a model home visitation program in FY 2002.

Expand training for social workers in legal aspects of permanency planning due to child abuse and neglect to all Division of Family Services areas. Continue the training by the Division of Legal Services.

Encourage parents to take advantage of background screenings for child abuse/neglect and criminal history of all child care providers.

Expand child abuse fatality prevention efforts and promote the coordination of the efforts of the public and private agencies involved in investigating, managing, treating and preventing cases of child abuse and neglect statewide through the Division of Legal Services and partnership with the Division of Family Services.

The Missouri Fatherhood Initiative will work with fathers through community based organizations to develop training on anger management, conflict resolution, and provide information of other resources available.

The Division of Legal Services will continue to provide all attorneys internet access and continue the plans to develop a Division of Legal Services Home Page to provide legal links and interactive communication with Division of Family Services.

5 To decrease the percent of youth who leave Division of Family Services custody and subsequently receive public assistance from the Division of Family Services, services from the Division of Probation and Parole or are in the Department of Corrections custody.

6 To increase by 10% the number of youth participating in the Independent Living Program who become employed (FY98-730), obtain a high school diploma or GED (FY98-271), attend college (FY98-113) or attend vocational/technical school (FY98-59) by FFY2002.

Strategies for Objectives 5 and 6:

Through the Chafee Foster Care Independence Program (ILP), continue contracting with adults who were former foster care youth and/or qualified professionals for the expansion of Independent Life Skills Training and Supportive casework and aftercare services.

Provide ILP services to every eligible youth in out-of-home care in the state of Missouri, especially those located in isolated communities.

Expand ILP services to include former youth ages 18 through 21, not in the custody of the agency; assisting with living expenses and referrals to appropriate support services/agencies; resource development of housing options and providing medical coverage will be priorities.

Continue to improve the current ILP curriculum and program.

Increase mentoring and support services.

Expand transitional living placements.

7 To increase the rate at which children leave Division of Family Services custody annually from 36% (6015 children) in 1998 to 40% by FY 2002.

8 To decrease the number of moves children entering DFS custody experience while in out-of-home care from 3.06 moves in 1998 to 2.7 moves in FY 2002.

9 To increase the number of children adopted from 713 in 1998 to 1400 in FY 2002.

10 To increase the number of children for whom guardianship is established from 186 in 1998 to 294 in 1999 and 5% each year following.

11 To increase the percentage of children exiting Division of Family Services' custody returned safely to their homes without a probable cause child abuse/neglect report within a one year time period from 96.5% in FY 1999 to 96.8% in FY 2003.

Strategies for Objectives 7 through 11:

Perform a needs assessment to determine post-adoptive service needs.

Increase filing termination of parental rights petitions.

Increase licensed number of foster and/or adoptive families by 10% annually through the use of statewide resource family contracts.

Increase maintenance rates paid to foster/adoptive families to United States Department of Agriculture standards.

Strategies for Objectives 3 through 11:

The Department, the Division of Child Support Enforcement, and the Division of Family Services through the Missouri Fatherhood Initiative, will work in cooperation with Caring Communities, established fathers' support programs and Community Partnerships to accomplish the Missouri Fatherhood Initiative outcomes: **(1)** increased/expanded father-friendly environments in public/private agencies serving families (mothers, fathers and children); **(2)** increased coordination between agencies serving low-income fathers and connecting them to available services; and **(3)** the creation of systems/ strategies/policies that promote increased contact between non-custodial fathers and their children.

12 To maintain a commitment rate of youth to the Division of Youth Services' of less than 20% of status/ minor offenders to the division aggregate in FY 2002.

Strategies for Objective 12:

Pursue additional funding for juvenile court diversion expansion in FY2002.

Maintain information meeting with courts to identify project priorities and target population in FY2001.

Maintain provision of technical assistance to the courts to operationalize components related to juvenile court diversion projects in FY2001.

Increase the rate of youth served at the local level in FY 2001.

13 Not to exceed the 1998 run rate of 3% of youth in the care of Division of Youth Services' residential sites in FY 2001.

14 To decrease the number of staff employed by the Division of Youth Services who incur injury by clients and/or their families from 8 in 1998 to 0 in FY 2001.

Strategies for Objectives 13 and 14:

Maintain double coverage in all secure level facilities in FY 2001.

Assess the necessary staff coverage at moderate level facilities by FY 2001.

Comply with established training requirements in FY2001.

Expand transportation personnel to transport youth and allow for better staff coverage of youth remaining at the facilities by FY2002.

Install and maintain safety and security equipment at all Division of Youth Services' facilities by FY2002.

Provide cell phone equipment to service coordinators in the Division of Youth Services to respond to emergency situations and increase efficient service delivery while on duty.

15 To increase by 10% the number of students in care and custody of Division of Youth Services' who receive substance abuse education/intervention and counseling each year.

Strategies for Objective 15:

Provide direct client assessment, intervention and counseling services for youth with substance abuse problems.

Provide education and workshops to students and Division of Youth Services' staff about substance abuse.

Work collaboratively with Mid-America Addiction Technology Transfer Center to provide division staff with 40 hours of strength-based substance abuse baseline training.

Goal

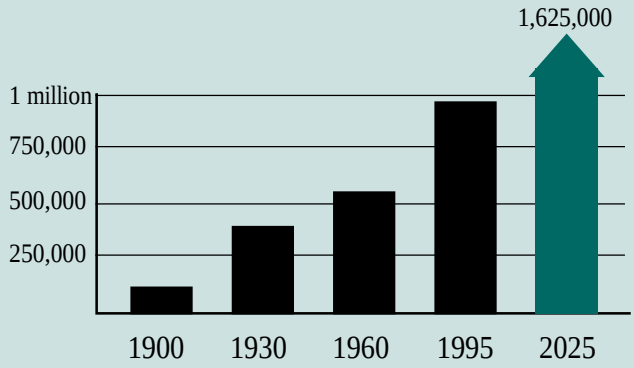
Health, Safety and Independence for Older Adults and Persons with Disabilities

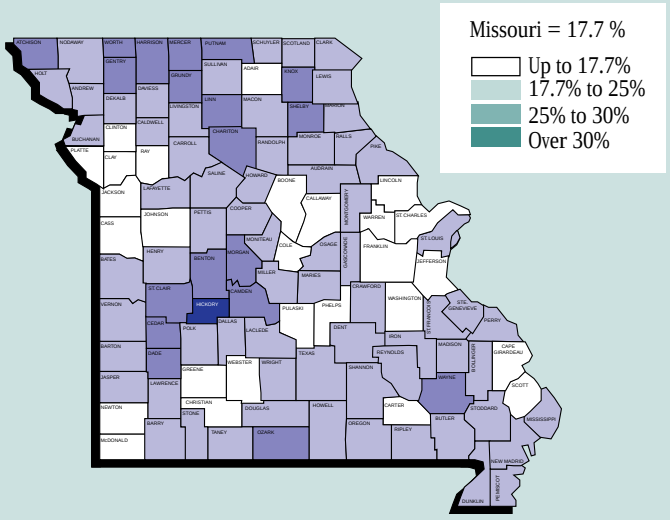
Issue Statement

Older adults and persons with disabilities need a safe and secure environment. Quality health care, nutrition and other needed services are essential for maintaining health and independence.

Since 1900, life expectancy has increased by over 100 days a year. Today, Missouri's life expectancy is 76 years. Missouri's social and economic vitality is critically linked to this changing demographic picture. As of 2000, there are 999,000 persons over the age of 60 and 771,000 persons over the age of 65 in Missouri. The number of persons age 60+ is projected to be 1,172,000 by 2010; and to 1,625,000 by the year 2025. Missouri ranks

Growth of Missouri's 60+ Population: 1900 – 2025

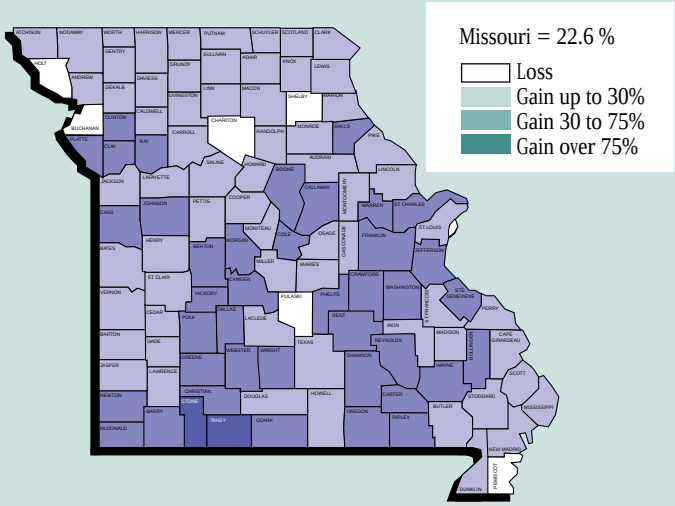




Percent of Missouri's Population Aged 60 and Over: 1997

14th nationally in the percent of population age 65 and over. Between 1990 and 2000, Missouri increased the 85+ population by 31%. In 1990, 42 counties saw their age 85+ population grow by 15%. Between 1990 and 2000, 86 counties saw their population grow more than 15%. 53 counties experienced gains of 5% or more in the age 65-84 population compared to 28 counties in 1990. The 85+ age population is the fastest growing age segment in the United States as well as Missouri. Those counties with 75% or more growth rate of seniors since 1990 are: Platte, Cass, Camden, Christian, Stone, Taney, and St. Charles.

As the elderly population of Missouri increases, the number of elderly who are provided health care by Medicaid will also increase. In addition, as the total population increases, the number of persons with disabilities will also increase. These increases in Medicaid eligibles, coupled with the rising cost of health care, will result in significant increases in the total health care costs for these populations.



Projected % Growth of Missouri's Population Aged 60 and Over: 1997–2010

Selected Race/Gender Factors for Older Adults

	Life Expectancy	
	Women	**Men**
White	**80**	**73**
Black	**74**	**65**
	Median Income	
	Women	**Men**
White	**$8,600**	**$15,300**
Black	**$6,200**	**$8,000**

This explosion of the senior population statewide must be considered in the context of regional growth patterns; generally lower incomes for rural seniors relative to their urban counterparts, and disparities in income, life expectancy and health needs determined by race and gender (for example, 58% of the 60+ population is female and 20% of seniors 75+ fall below the poverty line.)

For some Missouri seniors, home is a long term care facility. At any given time, about 5% of Missouri's senior population—that was 49,500 in early 1999—lived in a nursing home. At some point in their lives, 33% of men and 52% of women will enter a nursing facility.

Abuse/Neglect & Exploitation

The 1996 National Elder Abuse Incidence Study (NEAIS) predicts that only 21% of all incidents of community abuse/neglect/self-neglect are reported and substantiated. Applying this percentage to Missouri predicts that 35,957 abused or neglected older adults/adults with disabilities never report their plight to the Division of Aging—and that the total number of abused or neglected seniors/adults with disabilities is 43,507. In other words, five older or adult disabled seniors/adult disabled Missourians experience abuse or neglect in their communities each hour.

Abuse can inflict physical harm, reduce self-esteem, or deprive individuals of needed financial resources. A 1998 study published in the Journal of the American Medical Association found that older people who had been abused died at triple the expected rate for the senior population. Mistreatment may be a form of "negative social support" that hastens death from other causes like heart disease, lung disease and accidental injuries.

In FY 2000, 9% of all in-home agencies received notices of substandard noncompliance, meaning they were significantly outside state standards in one or more areas: service delivery rates, training, or staff oversight. With regard to long term care facilities, 147 were cited for state notices of noncompliance and 79 (out of 499) Medicaid/Medicare certified facilities were cited for Immediate Jeopardy.

The Division of Aging will use a three-tier approach to address the reports of abuse and neglect in Missouri's long-term care nursing facilities. These include:

1. To check each certified facility to ensure that the components of the new federal guidelines are in place. Task 5G "Abuse Prevention" of the federal guidelines took effect on July 1, 1999. Facilities are required to have abuse prevention training and protocols for their staff to follow. Failure to implement this new task will result in a regulatory violation.

2. To collect and investigate all reports of abuse and neglect through the Central Registry Unit (CRU). The Division has implemented a new case management approach to complaint investigations which include local classification of the report, more and better contact with the reporter of the report to ensure the complaint was adequately pursued and move referrals to outside agencies as appropriate.

3. To collect data from nursing facilities about individual residents on indicators which can be used to assess resident health, the quality of care and the quality of life. This data is entered into the new Minimum Data Set (MDS) system within the division. These indicators are compiled with other data to give the division the capacity to "benchmark" facilities and identify at-risk residents. The division will monitor these indicators and be able to work with the facilities to address potential problems before they arise.

Eight million caregivers also face emotional/health problems as a result of the caregiving stress. In fact, 61% of "intense caregivers" experience depression as a result of caregiving; this figure is six times the national average for the population at large. In almost 32% of all abuse/neglect and exploitation reported to the Division of Aging, the perpetrator is a son or daughter; in another 23.6% the perpetrator is a spouse, sibling or parent.

Life Satisfaction and Assessment of Needs

Life Satisfaction and Assessment of Needs. A survey of 5000 non-institutionalized older Missourians identified that critical supportive services were in short supply or unavailable. Per that Needs Assessment:

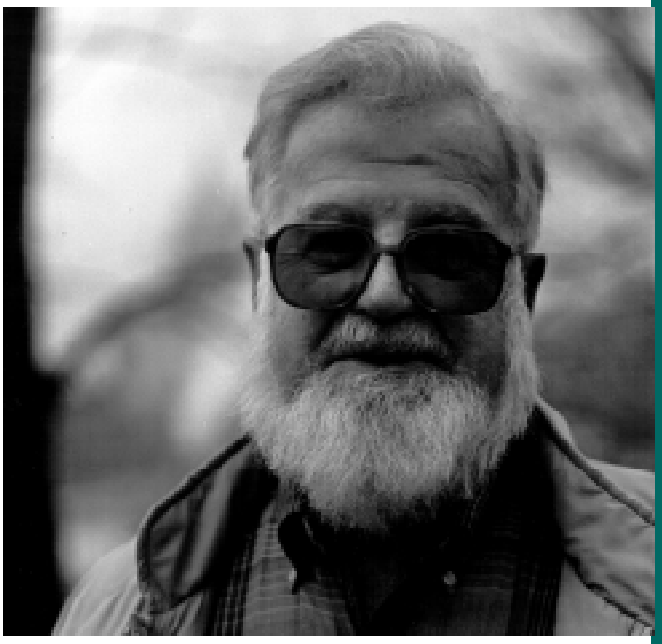
- 33% reported their health to be fair or poor (compared to 9.4% for all persons);
- 38% reported that their activities are impaired because of a health problem;
- 25% felt lonely sometimes or quite often.

Additionally, the incidence of disability among younger Americans is increasing. Today, 40% of those needing long term care (community based and skilled nursing facilities) are between the ages of 18 and 64.

U.S. 1990 Census data update, 1998 data, show that Missouri has the fourth highest percent of seniors living alone in the nation, 221,512 seniors age 65+. Thousands of seniors and adults with disabilities received community-based services through Division of Aging and other sources. An accounting by the Older

Americans Act of these services finds the following selected customer use rates for FY2000:

- 14% nutrition services
- 12% supportive services (includes in-home)
- 3% transportation needs
- 2% health promotion/disease prevention programs.



Although many seniors face obstacles in their efforts to live alone and maintain independence, this is especially true for those seniors who are also blind. Services such as peer counseling, low vision aids, training in orientation and mobility, communication and other activities of daily living provide these individuals with the opportunity to achieve the level of independence that best meets their individual needs.

Illness & Disease

Per the Department of Health, many serious or communicable diseases are preventable, but prevention and control methods are often unused or accessed unevenly. Sadly, the death rate for Missouri seniors from communicable disease is 411 per 100,000 persons (1996 data), the highest of any age group. Pneumonia and influenza have serious consequences for older adults, and are two of the top ten causes of death annually. The current rate of influenza immunization among Medicare enrollees was about 46% in 1996; the federal government estimates that only 22% of Medicare beneficiaries received pneumonia inoculations between the years 1991-1996.

Injuries and falls also account for a significant portion of older adult health problems. The National Center for Health Statistics, for 1996, reported that injury due to falls was the fourth largest diagnosis category for hospital admission given adults age 65 and over, accounting for over 8% of total impatient stays.

Per the Division of Aging's 1994 Needs Assessment, 80% of all seniors have at least one chronic disease; 31% of those age 60+ experienced poor physical health an average of 17 days a month. The U.S. Census reports that in Missouri, 4.3% of those aged 16 to 64 live with a mobility or self-care limitation, while 21% of seniors living alone reported the same. Research finds that diet plays a part in reducing stress, heart attacks, and hypertension. Unfortunately, 63% of seniors are at moderate or high nutritional risk. Studies show that every $1 spent on nutrition programs saves $3.25 in hospital costs.

Quality Care

Key to quality care is provider recruitment and retention of trained and reliable staff. A robust economy and shrinking profit margins have combined to increase competition for workers, limiting the ability of some providers to maintain an adequate base of trained aides. A recent state sample of Missouri nursing home facilities found an average annual turnover rate of 40%. In-home providers also experience retention problems. Compounding the situation for in-home aides is the distance between customer homes, especially in rural areas, as they often are not reimbursed for mileage.

While Caring Communities has historically been viewed as an initiative focusing on family and children's issues, many of the eighteen Community Partnerships are also now looking at how to address issues to safety and health of the elderly and disabled in their community plans. As these issues are identified, it is anticipated that the Department will look to Community Partnerships to advise the Department as to how to use resources to achieve better results for this population.

Outcomes/Objectives/ Strategies

Outcome:

Increased percent of seniors and persons with disabilities who are safe and secure in their environment

Outcome Measures:

- rate of crimes against persons (Show Me Result)
- rate of crimes against property (Show Me Result)
- incidence of family violence (Show Me Result)
- percent of seniors and persons with disabilities abused, neglected or exploited

Outcome:

Maintained or increased physical and mental health of seniors and persons with disabilities.

Outcome Measures:

- percent of seniors and persons with disabilities with avoidable functional decline
- average life expectancy of Missourians
- hospitalization rate for Medicaid eligible seniors and persons with disabilities
- rate of nursing home resident admission growth
- rate of nursing home utilization by the Medicaid elderly and disabled population
- percentage of nutrition program (congregate meals program and home-delivered meals program) participants who are determined to be at nutritional risk
- rate of infectious and chronic diseases (Show Me Result)

Outcome:

Maintained or increased independence for older adults and persons with disabilities

Outcome Measures:

- percentage of seniors and persons with disabilities who can access services and receive needed services
- social involvement of community-based seniors and persons with disabilities who are clients

- percentage of seniors and persons with disabilities who receive timely, competently-delivered services.
- number of older blind consumers living in nursing homes
- number of older blind consumers who perform daily living skills unassisted

Objectives

1 Increase the percentage of Medicare/Medicaid long term care facilities in substantial compliance from 30.4% (164 facilities) in 1998 to 40% in FY 2003.

2 To decrease the number of reports classified as serious physical abuse and neglect and Class I reports in long term care facilities from 1794 in 1998 to 1704 in FY 2001 (5%).

Strategies for Objectives 1 and 2:

The Division of Aging will check each certified facilities to ensure that all components are in place for the new federal guideline: Task 5G, Abuse Prevention. Failure to implement will result in a regulatory violation.

Monitor the data collected through the Minimum Data Set system to "benchmark" facilities and identify at-risk residents. Work with the facilities to address potential problems before they arise.

Concentrate resources to recruit and train new staff to address compliance issues in long term care facilities (federal staff training programs result in a six to nine month lag time from hiring to qualification for surveyors.)

Provide enhanced technical assistance and consultant services to long term care facilities receiving statements of deficiency.

Utilize the Minimum Data Set Intranet system to provide timely and relevant regulatory and educational materials to the long term facility community.

Increase the number of long term care facilities, which have inactive ombudsman volunteer by FY 2001. The Ombudsman program will work with residents, staff, family, friends and concerned individuals to solve resident issues in long term care facilities.

Conduct federal Medicaid/Medicare surveys and state licensure inspections of facilities and adult day care programs to determine if residents are receiving appropriate care and services to meet their needs.

Develop and implement procedures to ensure resident funds and or property is adequately managed and made available by long term care facilities to residents.

3 To decrease the rate of recidivism for perpetrators of valid or reason to believe abuse, neglect or exploitation from 3.3% (12) in 1998 to 1.5% by FY 2002.

Strategies for Objective 3:

Redesign and enhance current Employee Disqualification List and Nurse Aide Registry processes including an integrated, automated environment to ensure timeliness, completeness and accuracy of data being reported and entered in the systems by FY 2003.

Develop linkages with other state agencies especially Department of Mental Health and Department of Health to implement a comprehensive consumer information based system on individuals known to abuse, neglect or exploit individuals in their care.

Strengthen linkage/partnership with judicial and law enforcement communities (attend training, education programs, etc.) to track civil and criminal prosecutions of elder abuse and to increase awareness of the problem of elder abuse by FY 2002.

4 To increase the percentage of investigations where appropriate family interventions or counseling occurs from 84% (9903 clients) in 1998 to 87% by FY 2003 (3%).

Strategies for Objective 4:

Design and implement an improved system for tracking, in-taking, classifying and maintaining complaint data in an automated system to ensure effective response to and follow-up with victims/reporters by FY 2002.

Develop Interdisciplinary Case Management Teams (including Division of Aging case managers, law enforcement personnel, public administrators, mental health professionals, Area Agency on Aging coordinators, homeless/abuse shelters and trained volunteers) to increase investigative capacity and intervention strategies leading to positive outcomes for clients by FY 2002.

Evaluate the Elders Volunteering for Elders program and explore the establishment of community ombudsmen by FY 2002.

5 To decrease the percent of long term care facility abuse/neglect reports that are "unable to verify" from 25.3% (1540) in 1998 to 10% by FY 2003.

6 To decrease the percent of suspected (unconfirmed) abuse reports on home based seniors and persons with disabilities from 21.9% in 1998 to 16.9% by FY 2003.

Strategies for Objectives 5 and 6:

I**mplement action plans to include sanctions on nursing facilities and programs** that fail to correct substandard care and their treatment of elderly and disabled residents at the time of the facility/provider revisit.

Enhance the complaint investigation process by implementing a case management approach to Class II and Class III complaint investigations to increase involvement of family, friends, facility operators and concerned individuals in facilitating resolutions to complaints in a more timely fashion.

Collaborate with the Department of Mental Health to jointly provide technical assistance to long term care facilities serving persons who have mental health needs.

Develop and implement a plan for enhanced training of Division of Aging staff in all aspects of conducting thorough ANE investigations in facilities and in the community.

Revise caseload size for social service workers responsible for investigating elder abuse in accordance with the study being conducted by FY 2003.

Strategies for Objectives 1 through 6:

Collaborate with the Area Agencies on Aging, including senior centers, to increase access and awareness of services by co-locating staff and sharing assessments.

Work with advocates and the Area Agencies on Aging to strengthen the ability to address financial exploitation by FY 2002.

7 To increase the percentage of seniors and persons with disabilities receiving pneumonia and influenza immunizations from 29% in 1996 (298,039) to 40% in FY 2002.

8 To decrease avoidable weight loss/dehydration in long term care facilities from 12.9% in 1999 to 7.9% by FY 2004.

9 To increase mental health services for depression of seniors and persons with disabilities from .5% in 1999 to 5.5% by FY 2003.

Strategies for Objectives 7 through 9:

Collect data through the Minimum Data Set (MDS) from nursing facilities on indicators that can be used to assess resident health, quality of care and quality of life. If at-risk residents are identified from this process, the Division will address potential problems before they arise.

Increase the percentage of seniors and persons with disabilities receiving information about pneumonia and influenza.

10 To decrease the rate of Medicaid in-home providers to recipients from 129.3 in 1999 to 125 in FY 2002 (3.3%).

11 To increase the rate of Medicaid recipients receiving community-based services from 21.3% in 1999 to 23% by FY 2002.

12 To increase the rate of Medicaid recipients who access adult day care services from .46% in 1999 to .65% in FY 2002 (41%).

13 To increase the number of in-home providers in substantial compliance from 88% in 1998 to 98% in FY 2003 (10%).

Strategies for Objectives 10 through 13:

Request funding to increase rates to bring Medicaid rates more in line with private pay rates.

Ensure timely implementation of the Health Insurance Portability and Accountability Act of 1996. The act contains a number of provisions devised to simplify the administration of the health care industry, thereby streamlining costs for the entire industry (e.g. standardized claim forms, standardized coding, universal identification numbers, etc.)

Design a plan to cover the gaps for care in the continuum of in-home services including a program of consumer-directed care in order to enable the consumer to receive long term care services in the least restrictive and most integrated community setting.

Continue to maintain protective services and core in-homes services through improved efficiency systems.

Explore the following for Medicaid by FY 2002:

- additional services (telemedicine, MedAlerts, in home counseling, personal care assistants) to the Elderly Waiver;
- coverage of psychology services for adults.

Establish an HCS Quality Care/Quality Assurance Unit charged to improve practice and procedures for monitoring in-home providers' and residential care facilities' contract compliance.

Expand technical assistance to providers to increase efficiency in expediting billing, and to keep HCS policy apace with program and contract changes.

Expand access to and increase the number of adult day health care providers participating in Medicaid by FY 2002.

Assist the provider industry in its efforts to increase service availability by exploring options to help providers in their efforts to retain provider staff.

14 To increase the percentage of older blind consumers in Rehabilitation Services for the Blind caseload who achieve an independent living situation as a result of receiving independent living services from 22.81% in 1999 to 35% by FY 2002.

Strategies for Objective 14:

Decrease the number of days between application and eligibility determination.

Develop training opportunities for staff who provide independent living services by FY 2002.

Identify and develop cooperative agreements with other agencies that have services available for older blind consumers.

Decrease staff turnover to allow more consistent provision of services to the older blind population by FY 2002.

Develop improved professional standards for rehabilitation teachers and orientation and mobility instructors by FY 2002

15 To increase by 2% the seniors and persons with disabilities who are satisfied with services by FY 2003 (baseline to determined.)

Strategies for Objectives 15:

Increase the frequency of visits for Braille service by FY 2002.

Develop additional positions for rehabilitation teachers and orientation and mobility specialists by FY 2002.

Develop additional contractors for Braille, rehabilitation teaching and orientations and mobility instruction by FY 2002.

Develop Interdisciplinary Case Management teams to increase positive client outcome and service delivery, avoiding administrative and case management overlaps by FY 2002.

Promote expansion of transportation services by encouraging providers to add routes in under-served areas, by expanding the number of stops on routes that exist and by meeting individual customer needs.

Strategies for Objectives 1 through 15:

Ensure timely implementation of the Health Insurance Portability and Accountability Act of 1996. This contains a number of provisions anticipated to simplify the administration of the health care industry including universal identification numbers and tracking of sanctioned providers.

Research methods to improve and enhance the Information and Referral Service through an automated, integrated system allowing access for updates, at a minimum, to Division of Aging and the Area Agency on Aging staff by FY 2003.

Division of Aging, particularly the Minority Aging Program, will assist the Governor's Advisory Council on Aging, the Silver Haired Legislature and the Governor's Commission on Special Health, Psychological and Social Needs of Minority Older Individuals to inform the public of ways to assist seniors in their local communities by volunteering time, contributing resources, and when needed, accessing services.

The Division of Aging's Minority Aging Services will pursue expansion and enhancement services for minority seniors and adults with disabilities by serving on community boards and task forces, developing culturally sensitive training, materials and resources, establishing a minority internship program, and increasing the division's minority staff recruitment efforts. These efforts will be in partnership with the Department of Health and the Department of Mental Health.

Ensure timely publication of the Senior Guide for Missourians to provide service information in a single document each year.

Assure computer access and program compatibility for all Division of Aging staff in FY 2002.

Implement a statewide survey tool that includes a needs assessment and questions about life satisfaction in FY 2001. This tool includes an ongoing feedback mechanism for continuous updates on effectiveness.

Develop and implement a plan for complaint investigations involving mentally ill, mentally retarded and developmentally disabled persons in the community to be co-investigated by the Department of Mental Health and the Division of Aging staff.

Division of Aging will continue to recruit and hire employees to address increased numbers of retirees and anticipated staff turnovers. Staff will implement performance based appraisal and management.

Efficiency and Effectiveness of the Department

Goal

Issue Statement

Providing operational efficiency and effectiveness is an integral part of providing quality and timely services to our clients.

Missourians believe that state government could provide more service for their tax dollars by focusing on customer service and satisfaction. Missouri state government must follow the successful private sector shift from bureaucratic to customer-responsive management methods. (Missouri Customer Focus/ Satisfaction Initiative—Executive Order) Value and satisfaction may be influenced by many factors in the client/customer's service experience. These factors include the Department's relationship with the client/ customers that helps build trust, confidence and loyalty.

Customer-responsive management builds the service characteristics that meet basic customer requirements and features characteristics such as new offerings, combination of services and rapid response. Good customer service demands constant sensitivity to changing and emerging requirements and factors that drive satisfaction and retention.

As the Department moves forward in meeting its mission and vision, the need for timely information is paramount in helping provide better quality services. Sophisticated data management systems that integrate internal and external data are required. Part of the process focuses on the development of computer systems (both mainframe and personal computer based) that can communicate. Computer systems convert the data from the system into timely, accurate and user friendly reports that provide the service needed by the clients.

The Department of Social Services recognizes the value of continually searching for ways to improve the efficiency and cost effectiveness of operations to better serve the citizens of the state of Missouri. However, if the Department does not have a well-trained, career developed and motivated work force that reflects the diversity of Missouri's population, the Department will not improve on its operation nor reach its mission and goals. The Department must provide its employees with training, resources, supplies, information and technology to better meet the needs and demands of our clients. Recognition and appreciation of the services provided by the work force is also in great demand to continue the efforts made by the dedicated employees that provide to the needs and demands of the clients.

Outcomes/Objectives/ Strategies

Outcome: Sound management and stewardship of the state's resources

Outcome Measures:

- ratio of state government operating expenditures to Missouri Personal Income (Show Me Result)
- percentage of state government purchases from minorities (Show Me Result)
- percentage of state government purchases from women (Show Me Result)
- percentage of women state employees earning above $40,000/ year (Show Me Result)
- percentage of minority state employees earning above $40,000/year (Show Me Result)

Outcome: Excellence of performance in Customer Service

Outcome Measures:

- to be determined

Objectives

1. To decrease the number of local purchase orders completed in excess of 30 days from 598 in 1998 to 179 by FY 2002.

2. To decrease the average time between invoice and payment to vendors from 34.6 days in 1998 to 27 days in FY 2002.

Strategies for Objectives 1 and 2:

Decentralize the purchasing and payment process to the field staff level.

Request funding for SAM II equipment to allow purchasing and payment processing to begin in the filed to prevent duplication of work effort.

Identify DSS divisions with delays in expediting invoice payment.

Develop communication plan to educate divisions on invoice processing.

3 To increase Food Stamp payment accuracy rate from 87.1% in 1997 to 94% by FY 2002.

4 To decrease the incidence of fraud in the Food Stamp Program from 1105 cases in FY 2000 to 873 cases in FY 2002.

Strategies for Objectives 3 and 4:

Increase Food Stamp staff training programs targeting payment accuracy issues.

Maintain quality assurance partnerships with area and county staff to improve food stamp payment accuracy.

Develop action plans by the vision team (composed of staff from 16 counties who target food stamp caseload) on payment accuracy plans.

Decrease Food Stamp application processing time.

Stagger Food Stamp re-application processing time throughout the month.

Through Electronic Benefit Transfer, utilize the data collection capability to identify Food Stamp fraud.

5 To increase the percent of Medicaid third party liability cost recoveries of fee for service claims from 3.67% in 1999 to 4% in FY 2002.

Strategies for Objective 5:

Implement the necessary internal procedures to allow Division of Medical Services' Third Party Liability unit to recover funds due from providers based on billed charges in FY 2002.

Continue the Medicaid third party liability education program in FY 2002 and each year thereafter.

Maximize monitoring capacity through coordination of effort between Surveillance, Utilization and Review and Quality Assessment staff.

Continue filing Medicaid claims in probate estates of deceased public assistance recipients in order to obtain reimbursement of public funds expended.

6 To increase the percent of Medicaid pharmacy rebate collections from 94.16% in 1999 to 95% in FY 2002.

7 To maintain interest collected on Medicaid pharmacy rebates at $380,857 in FY 2002.

Strategies for Objectives 6 and 7:

Continue the development of the Medicaid minimum/maximum edits on pharmacy claims to minimize erroneous claims and manufacturers' disputes.

Develop a system to track the interest owed to the state on Medicaid pharmacy rebates not paid in a timely manner by FY 2002.

8 To decrease the average Medicaid administrative cost per Medicaid eligible from $3.86 per month in 1999 to $3.70 per month by FY 2002.

Strategies for Objective 8:

Explore the need to reallocate existing staff or acquire additional staff to meet the needs of Medicaid eligibles in FY 2002.

Requesting staff or other resources in an effort to delete and deter fraudulent activities.

Requesting staff and other resources to perform physician profiling activities.

Requesting staff to process hospital cost report in a timely manner, which would result in fewer adjustments and recoupments.

Continue to work with the Attorney General's Medicaid Fraud and Abuse Unit in referring potential cases of Medicaid fraud.

9 To increase the percentage of Department purchases made from minority vendors by June 2001 (2.83% in 1998).

10 To increase the service contracts bid by Division of Budget and Finance that are awarded to minority vendors by June 2001 (baseline to be developed.)

Strategies for Objectives 9 and 10:

Verify minority status of all current vendors where minority status is not known.

Analyze areas of state where minority vendors are prevalent.

Educate Department staff on the Executive Order related to minority vendors and steps they can take to comply.

Work with Office of Administration to identify new minority vendors.

Work with Office of Administration on minority vendor education and how state bids/purchasing process works.

11 To decrease the average time it takes to recruit, interview and hire an employee by FY 2003 (baseline is being determined.)

12 To increase recruitment of qualified applicants from a diverse cultural background (baseline is being determined.)

13 To increase the current percentage (66.93%) of department employees who are women earning in the top quartile.

14 To increase the current percentage (11.33%) of minority department employees earning in the top quartile.

15 To increase department employee retention rates by FY 2003 (baseline measure is being determined.)

Strategies for Objective 11 through 15:

Notification of all DSS openings to all Department employees through some form of medium (intranet, weekly postings, etc.)

Evaluate the recruitment process for the Department and Divisions.

Expand the use of Interns within the Department. Coordinate with OA this process for better understanding of the qualifications of the Intern and the appropriate credit for the work completed.

Develop a marketing tool that focuses on the benefits received by working for the Department.

Work with high schools, trade schools and higher education sources to develop a school to career need for those entering in the work field.

Participate in job fairs at universities with a minority student population of a minimum of 20%.

Participate in careers days at Missouri high schools with a minority enrollment of at least 50%.

Explore the options of job sharing, flex schedules and telecommuting.

Investigate the impact the new retirement plan could have on current employee base. Develop a plan to handle the impact for each division.

Partner with OA to look at the needs and suggestions of employees.

Develop an exit interview that will be utilized in planning process and help with future needs.

Continue to educate employees on retirement and other benefit options. Work with OA in communicating benefits information to department employees through some form of medium (workshops, intranet, newsletter, etc.)

Review the Department's and division's employee recognition and awards process and develop a consistent process for all employees.

Inform all employees of Tuition Reimbursement Policy.